

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90024 025 ***150.00

DOCUMENT # P00000002524

1. Entity Name
BYRD AUTOMATION SERVICES, INC.



Principal Place of Business
**2427 PORTER LAKE DR
SUITE 107
SARASOTA, FL 34240**

Mailing Address
**2427 PORTER LAKE DR
SUITE 107
SARASOTA, FL 34240**

44015026



2. Principal Place of Business
2555 PORTER LAKE DR

3. Mailing Address
2555 PORTER LAKE DR

Suite, Apt. #, etc.
SUITE 111

Suite, Apt. #, etc.
SUITE 111

02052004 Chg-P CR2E034 (10/03)

City & State
SARASOTA, FL

City & State
SARASOTA, FL

4. FEI Number
65-0972118

Applied For
Not Applicable

Zip
34240

Country
USA

Zip
34240

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KING, CLIFFORD M
2033 MAIN STREET SUITE 303
SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Clifford M King
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-11-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **BYRD, DAVID A**
STREET ADDRESS **4103 LINWOOD ST**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE **V** ☐ Delete
NAME **WATSON, KEITH R**
STREET ADDRESS **4401 DENICE LANE**
CITY-ST-ZIP **SARASOTA, FL 34232**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **BYRD, DAVID A**
STREET ADDRESS **7893 N LEEWYNN DR**
CITY-ST-ZIP **SARASOTA, FL 34240**

TITLE **V** ☒ Change ☐ Addition
NAME **WATSON, KEITH R**
STREET ADDRESS **219 RAVENNA ST N**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A. Byrd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2004

Date

941 341-9444

Daytime Phone #