2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045850

Entity Name: RAYMOND L. BYRD COMPANY

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1877 SAND BAR DRIVE 748 NASSAU ROAD

MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931

Current Mailing Address: New Mailing Address:

1877 SAND BAR DRIVE 748 NASSAU ROAD

MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931

FEI Number: 59-3644048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BYRD, RAYMOND L BYRD, BELINDA P 1877 SAND BAR DRIVE 748 NASSAU ROAD

MERRITT ISLAND, FL 32953 US COCOA BEACH, FL 32931 US

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.

SIGNATURE: BELINDA P. BYRD 03/20/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

VΡ

Name:

Address:

City-St-Zip:

VΡ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST () Delete Title: (X) Change () Addition BYRD, RAYMOND L Name: BYRD, RAYMOND L Name: 1877 SAND BAR DRIVE 748 NASSAU ROAD Address: Address:

City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: COCOA BEACH, FL 32931

Title: (X) Change () Addition Title: () Delete BYRD, J. LELAND Name: Name: BYRD, J. LELAND 1877 SAND BAR DRIVE 748 NASSAU ROAD Address: Address: MERRITT ISLAND, FL 32953 COCOA BEACH, FL 32931 City-St-Zip: City-St-Zip:

Title: DPST (X) Change () Addition VΡ () Delete Title:

BYRD, BELINDA BYRD, BELINDA Name: Name: 1877 SAND BAR DRIVE 748 NASSAU ROAD Address: Address: City-St-Zip: MERRITT ISLAND, FL 32953 City-St-Zip: COCOA BEACH, FL 32931

Title: VΡ (X) Delete Title: () Change () Addition

KENNEDY, STÉVE Name: 1877 SAND BAR DRIVE Address: MERRITT ISLAND, FL 32953 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA P. BYRD **DPST** 03/20/2009