



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90054 007 \*\*\*150.00

<b>DOCUMENT # P00000112150</b> 1. Entity Name <b>BYRD HOLDINGS, INC.</b>					
Principal Place of Business <b>1208 S MYRTLE AVE CLEARWATER, FL 33756</b>				Mailing Address <b>1208 S MYRTLE AVE CLEARWATER, FL 33756</b>	
2. Principal Place of Business <b>100 Carillon Parkway</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>St. Petersburg FL</b> Zip <b>33716</b>		3. Mailing Address <b>100 Carillon Parkway</b> Suite, Apt. #, etc. <b>Suite 100</b> City & State <b>St. Petersburg FL</b> Zip <b>33716</b>		<b>50009444</b> 	
4. FEI Number <b>59-3687266</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>BYRD, ROBERT W</b> <b>1208 S MYRTLE AVE</b> <b>100 Carillon Parkway #100</b> <b>St. Petersburg, FL 33716</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>100 Carillon Parkway Suite 100</b> <b>St Petersburg</b> City <b>FL</b> Zip Code <b>33716</b>		
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 <u><i>Robert W. Byrd</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-28-05</u>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BYRD, ROBERT W</b> <b>1208 S MYRTLE AVE</b> <b>CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Robert W. Byrd</b> <b>100 Carillon Parkway Suite 100</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BYRD, BRANT</b> <b>1208 S MYRTLE AVE</b> <b>CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brant Byrd</b> <b>100 Carillon Parkway Suite 100</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BYRD, BROOKS</b> <b>1208 S MYRTLE AVE</b> <b>CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Brooks Byrd</b> <b>100 Carillon Parkway Suite 100</b> <b>St. Petersburg, FL 33716</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Robert W. Byrd</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			01/14/05 727-461-0859 Date Daytime Phone #		