
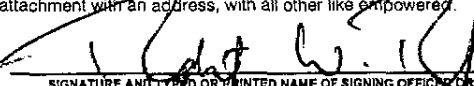


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000112150 1. Entity Name BYRD HOLDINGS, INC.		
Principal Place of Business 100 CARILLAN PKWY SUITE 100 SAINT PETERSBURG, FL 33716		Mailing Address 100 CARILLAN PKWY SUITE 100 SAINT PETERSBURG, FL 33716
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BYRD, ROBERT W 100 CARILLON PKWY SUITE 100 SAINT PETERSBURG, FL 33716		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BYRD, ROBERT W	
STREET ADDRESS	100 CARILLON PKWY SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	D	
NAME	BYRD, BRANT	
STREET ADDRESS	100 CARILLON PKWY SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	D	
NAME	BYRD, BROOKS	
STREET ADDRESS	100 CARILLON PKWY SUITE 100	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Robert W. Byrd 1-19-06 727-461-085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3687266	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**