

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90021 016 \*\*\*150.00

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P00000112150</b>  |  |   |   |  |  |
| <b>1. Entity Name</b><br>BYRD HOLDINGS, INC.  |  |   |   |  |  |
| <b>Principal Place of Business</b><br>100 CARILLAN PKWY<br>SUITE 100<br>SAINT PETERSBURG, FL 33716  |  |   | <b>Mailing Address</b><br>100 CARILLAN PKWY<br>SUITE 100<br>SAINT PETERSBURG, FL 33716  |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>10851 Mangrove Cay Ln<br>Suite, Apt. #, etc. NE  |  | <b>3. Mailing Address</b><br>PO Box 22326<br>Suite, Apt. #, etc.                                  |   |  |  |
| # 413<br>City & State<br>St. Petersburg FL  |  | City & State<br>St. Petersburg FL   |   | <b>4. FEI Number</b><br>59-3687266   |  |
| Zip<br>33716  |  | Country<br>USA  |   | Zip<br>33742   |  |
| Country<br>USA  |  | Country<br>USA  |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>BYRD, ROBERT W<br>100 CARILLON PKWY SUITE 100<br>SAINT PETERSBURG, FL 33716   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>10851 Mangrove Cay Ln NE # 413<br>City<br>St. Petersburg FL Zip Code<br>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.</b><br>SIGNATURE:  Robert W. Byrd <span style="float: right;">2/5/08</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee will be \$550.00</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BYRD, ROBERT W<br>100 CARILLON PKWY SUITE 100<br>SAINT PETERSBURG, FL 33716 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Byrd, Robert W.<br>10851 Mangrove Cay Ln NE # 413<br>St. Petersburg FL 33716                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BYRD, BRANT<br>100 CARILLON PKWY SUITE 100<br>SAINT PETERSBURG, FL 33716    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Byrd, Brant<br>10851 Mangrove Cay Ln NE # 413<br>St. Petersburg FL 33716                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>BYRD, BROOKS<br>100 CARILLON PKWY SUITE 100<br>SAINT PETERSBURG, FL 33716   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Byrd, Brooks<br>10851 Mangrove Cay Lane NE # 413<br>St. Petersburg FL 33716                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |  |   |   |  |  |
| <b>SIGNATURE:</b> Robert W. Byrd  |  |   | 2/5/08 727-461-0859<br><small>Date Daytime Phone #</small>  |  |  |