

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000034178

Entity Name: G.M. BYRD INSURANCE, INC.

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019

## **New Principal Place of Business:**

4040 SHERIDAN STREET  
HOLLYWOOD, FL 33021

## **Current Mailing Address:**

1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019

## **New Mailing Address:**

1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33021

FEI Number: 61-1409320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

BYRD, GLENIE M  
1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019 US

## **Name and Address of New Registered Agent:**

BYRD-ENGELBERG, GLENIE M  
1526 BREAKWATER TERRACE  
HOLLYWOOD, FL 33019 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: GLENIE M BYRD-ENGELBERG

03/02/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: PSD  
Name: BYRD-ENGELBERG, GLENIE M  
Address: 1526 BREAKWATER TERRACE  
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: GLENIE M BYRD-ENGELBERG

MRS.

03/02/2010

Electronic Signature of Signing Officer or Director

Date