## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P02000121828** 1. Entity Name BYARD MANAGEMENT, INC. 04-23-2004 90525 001 \*\*\*150.00 04-23-2004 90525 002 \*\*\*\*\*8.75 Principal Place of Business Mailing Address 25171 BAY CEDAR DRIVE 25171 BAY CEDAR DRIVE BONITA SPRINGS, FL 34134 BONITA SPRINGS, FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1163259 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BYARD ROSEMARY BYARD, ANDREW H Street Address (P.O. Box Number is Not Acceptable) 25171 BAY CEDAR DRIVE **BONITA SPRINGS, FL 34134** BONITA SPRINGS 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. <u>19 April 2004</u> SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X. Delete TITLE Change ☐ Addition NAME BYARD, ANDREW H NAME 25171 BAY CEDAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34134 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition BYARD, ROSEMARY A NAME NAME 25171 BAY CEDAR DRIVE STREET ADDRESS STREET ADDRESS BONITA SPRINGS, FL. 34134 CITY-ST-ZIP CITY-ST-7IP DIRECTOR BYARD JEFFREY GORIBHT CROER TITLE ☐ Delete TITLE ☐ Change Addition GO RIGHT ORDER 38 50 N. FIRST ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Channe Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED