

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021597

Entity Name: BYERS INCORPORATED

FILED
Apr 24, 2005
Secretary of State

Current Principal Place of Business:

5015 FAIRWAYS CIRCLE
#210
VERO BEACH, FL 32967

Current Mailing Address:

5015 FAIRWAYS CIRCLE
#210
VERO BEACH, FL 32967

New Principal Place of Business:

9611 N US HWY 1
#340
SEBASTIAN, FL 32958

New Mailing Address:

9611 N US HWY 1
#340
SEBASTIAN, FL 32958

FEI Number: 43-1999260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYERS, MONICA
5015 FAIRWAYS CIRCLE
#210
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

BYERS, MONICA
9611 US HWY 1
#340
SEBASTIAN, FL 32958 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: MONICA BYERS

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BYERS, JOSEPH
Address: 5015 FAIRWAYS CIRCLE #210
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: BYERS, MONICA
Address: 5015 FAIRWAYS CIRCLE #210
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BYERS, JOSEPH
Address: 9611 N US HWY 1 #340
City-St-Zip: SEBASTIAN, FL 32958

Title: PRES (X) Change () Addition
Name: BYERS, MONICA
Address: 9611 N US HWY 1 #340
City-St-Zip: SEBASTIAN, FL 32958

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MONICA BYERS

PRES

04/24/2005

Electronic Signature of Signing Officer or Director

Date