2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90259 028 ***150.00

DOCUMENT # P03000024734

1. Entity Name
BYRD UTILITY SALES INC.

24058473

04262004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
O.I. BIX 1821 MT. DORA, FL 32756	O.I. BIX 1821 MT. DORA, FL 32756

2. Principal Place of Business	3. Mailing Address
12117 VIEW DRIVE	P.O. Box 1821
Suite, Apt. #, etc. UNIT #44B	Suite, Apt. #, etc.
City & State TAVARES, FL	City & State MT. DORA, FL
Zip / Country 32778 / USA	Zip / Country 32756 / USA

4. FEI Number 43-2010762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BYRD, MIRIAM R ~~1714 NORMANDY DRIVE~~ ← INCORRECT ~~MT. DORA, FL 32757~~	Name: MIRIAM R. BYRD Street Address (P.O. Box Number is Not Acceptable): 12117 VIEW DRIVE City: TAVARES FL Zip Code: 32778

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: Miriam R. Byrd MIRIAM R. BYRD 4/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MIRIAM R. BYRD 12117 VIEW DR TAVARES, FL, 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRESIDENT DAVID BYRD 12117 VIEW DR TAVARES, FL, 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. OPNS JOHN W. BYRD 520 PEPPERIDGE RD LEWISVILLE, N.C., 27023	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC/TREASR NELTRINA WIEZYK 9600 N.W. 7TH CIRCLE PLANTATION, FL, 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Miriam R. Byrd MIRIAM R. BYRD 4/26/04 352-343-2601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #