


2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000024734
 1. Entity Name
BYRD UTILITY SALES INC.



Principal Place of Business Mailing Address
12117 VIEW DR. **P.O. BOX 854**
UNIT 448 **MOUNT DORA, FL 32756**
TAVARES, FL 32778

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
43-2010762 Not Applicable

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

6. Name and Address of Current Registered Agent
BYRD, MIRIAM R
12117 VIEW DR.
TAVARES, FL 32778

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1100000504160
 04/26/06-80060-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P BYRD, MIRIAM R 12117 VIEW DR. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V BYRD, DAVID 12117 VIEW DR. TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VOPN BYRD, JOHN W 520 PEPPERIDGE RD. LEWISVILLE, NC 27023
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST WEZYK, NEFRANA 9600 NW 7TH CIR. PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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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.

SIGNATURE: Miriam R. Byrd Date: April 3, 06 Telephone: 352-217-7595
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR