## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P03000024734** 02-22-2007 90002 032 \*\*\*150.00 1. Entity Name BYRD UTILITY SALES INC. Principal Place of Business Mailing Address 12117 VIEW DR. P.O. BOX 854 MOUNT DORA, FL 32756 UNIT 448 ~ IAVARES EL 32778 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO.B Suite, Apt. #, etc CR2E034 (12/06) 01252007 Chg-P Mount MOZENT DOR 4. FEI Number Applied For City & State City & State 43-2010762 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BYRD, MIRIAM R 12117 VIEW DR. TAVARES, FL 32778 MOKNT DORA 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. SHANNON GALLMAN egistered agent and title if applicable Signature, typed or printed name of 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition TITLE Delete TITLE Byrd MiriAm R. 1118 North Donne NAME BYRD, MIRIAM R NAME STREET STREET ADDRESS 12117 VIEW DR. STREET ADDRESS <u>32,151</u> CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP Mount Dora ☐ Change ☐ Addition ☐ Delete TITLE Byrd David TITLE BYRD, DAVID NAME NAME 1148 North Donnelly Street STREET ADDRESS 12117 VIEW DR. STREET ADDRESS CITY-ST-ZIP TAVARES, FL 32778 CITY-ST-ZIP Mount Dona 32757 TITLE ☐ Addition TITLE VOPN ☐ Delete ☐ Change BYRD, JOHN W NAME NAME STREET ADDRESS STREET ADDRESS 520 PEPPERIDGE RD. LEWISVILLE, NC 27023 CITY-ST-7IP CITY-\$T-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEZYK. NEFTRAINA NAME NAME ApT: #325 STREET ADDRESS STREET ADDRESS 9600 NW 7TH CIR. City-St-7P 3319 CITY+ST-ZIP PLANTATION, FL 33324 ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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

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