
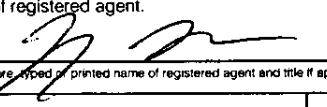
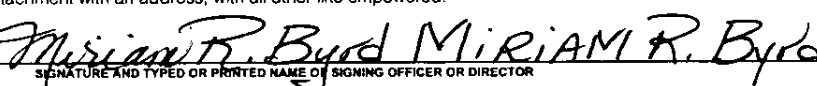


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90033 036 ***150.00

DOCUMENT # P03000024734 1. Entity Name BYRD UTILITY SALES INC.					
Principal Place of Business 1118 NORTH DONNELLY ST. MOUNT DORA, FL 32757			Mailing Address P.O. BOX 854 MOUNT DORA, FL 32756		
2. Principal Place of Business - No P.O. Box # 3158 MAIN ST. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 531 Suite, Apt. #, etc.			
City & State COTTONDALE, FL		City & State COTTONDALE, FL		4. FEI Number 43-2010762	
Zip 32431		Country JACKSON		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALLMAN, SHANNON 1118 NORTH DONNELLY STREET MOUNT DORA, FL 32757				7. Name and Address of New Registered Agent Name CLIENT SERVICES PLUS LLC Street Address (P.O. Box Number is Not Acceptable) 3158 MAIN STREET City COTTONDALE FL Zip Code 32431	
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  Client Services Plus LLC <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P BYRD, MIRIAM R 1118 NORTH DONNELLY STREET MOUNT DORA, FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Byrd, MIRIAM R. 3158 MAIN ST. COTTONDALE, FL 32431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRD, DAVID 1148 NORTH DONNELLY STREET MOUNT DORA, FL 32757	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BYRD, DAVID 3158 MAIN ST. COTTONDALE, FL 32431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VOPN BYRD, JOHN W 520 PEPPERIDGE RD. LEWISVILLE, NC 27023	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEZYK, NEFTARINA NEFTERINA 7041 ENVIRON BLVD APT#325 LAUDERHILL, FL 33319	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 4-14-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					