

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

Zip
32431 Country
JACKSON

Zip
32431 Country
JACKSON

04132008 Chg-P CR2E034 (12/06)

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
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 *[Signature]* **Client Services Plus LLC**
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, 2008 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 P	<input type="checkbox"/> Delete BYRD, MIRIAM R 1118 NORTH DONNELLY STREET MOUNT DORA, FL 32757	TITLE Byrd, MIRIAM, R.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3158 MAIN ST. COTTONDALE, FL 32431
TITLE V	<input type="checkbox"/> Delete BYRD, DAVID 1148 NORTH DONNELLY STREET MOUNT DORA, FL 32757	TITLE BYRD, DAVID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3158 MAIN ST. COTTONDALE, FL 32431
TITLE VOPN	<input type="checkbox"/> Delete BYRD, JOHN W 520 PEPPERIDGE RD. LEWISVILLE, NC 27023	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST	<input type="checkbox"/> Delete WEZYK, NEFTARINA NEFTERINA 7041 ENVIRON BLVD APT#325 LAUDERHILL, FL 33319	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<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* **MIRIAM R. Byrd** Date 4-14-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #