


2005 FOR PROFIT CORPORATION REINSTATEMENT

1002

DOCUMENT # P03000094351		
1. Entity Name BREEDCO INC.		

FILED

05 APR 28 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 7902 LOS ROBLES COURT JACKSONVILLE, FL 32256	Mailing Address 7902 LOS ROBLES COURT JACKSONVILLE, FL 32256
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2. Principal Place of Business		3. Mailing Address <i>Mr Samuel J Byrd</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>175 Kemp Rd</i>	
City & State		City & State <i>CLIMAX, GA</i>	
Zip	Country	Zip	Country
<i>32256</i>		<i>31734</i>	<i>GA</i>

04042005 REIN-P CR2E098 (6/04)

4. FEI Number <i>16-1721154</i>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TRUSSELL, HARRY 7902 LOS ROBLES COURT JACKSONVILLE, FL 32256	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BYRD, SAMUEL T 175 KEMP ROAD CLIMAX, GA 31734 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055660675 06/02/05--01039--012 **\$300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUSSELL, HARRY 7902 LOS ROBLES COURT JACKSONVILLE, FL 32256 <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
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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 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: <i>Samuel J Byrd</i>	Date: <i>4-28-05</i>	Daytime Phone #
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I Samuel T. Byrd did not receive the 2nd
Correspondence dated 5/6/04 regarding
my Annual Report for Breedco, Inc.
Document # P03000094351

~~Please~~

Samuel T Byrd

Please Reinstate without any penalty