2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128977

TAYLOR, ROSA N

624 DRIFTWOOD DRIVE

LYNN HAVEN, FL 32444

Name:

Address:

City-St-Zip:

FILED May 01, 2008 Secretary of State

229 GUANA ROAD PANAMA CITY, FL 32409 Current Mailing Address: New Mailing Address: 229 GUANA ROAD PANAMA CITY, FL 32409 S31 NORTH SHORE CIRCLE LYNN HAVEN, FL 32444 S444 FEI Number: 20-0381995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: BYRD, ALLEN Name: BYRD, ALLEN Address: 229 GUANAR ROAD Address: 531 NORTH SHORE CIRCLE	Entity Nar	ne: BYRD EN	TERPRISE & LAND DEVELC	PMENT, INC.		
Current Mailing Address: New Mailing Address: 229 GUANA ROAD PANAMA CITY, FL 32409 531 NORTH SHORE CIRCLE LYNN HAVEN, FL 32444 FEI Number: 20-0381995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: BYRD, ALLEN Name: BYRD, ALLEN Name: BYRD, ALLEN Name: BYRD, ALLEN Address: 229 GUANA ROAD City-St-Zip: PANAMA CITY, FL 32409 LYNN HAVEN, FL 32444	Current Principal Place of Business:			New Principal	New Principal Place of Business:	
229 GUANA ROAD PANAMA CITY, FL 32409 531 NORTH SHORE CIRCLE LYNN HAVEN, FL 32444 FEI Number: 20-0381995 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNES & JAMES, P.A. 2629 BLAIR STONE ROAD TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS: Title: P (X) Change () Addition Name: BYRD, ALLEN Name: BYRD, ALLEN Name: BYRD, ALLEN Address: 229 GUANA ROAD Address: 531 NORTH SHORE CIRCLE City-St-Zip: LYNN HAVEN, FL 32444	229 GUANA ROAD PANAMA CITY, FL 32409					
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Name: BYRD, ALLEN Name: BYRD, ALLEN Address: 229 GUANA ROAD Address: 531 NORTH SHORE CIRCLE City-St-Zip: PANAMA CITY, FL 32409 City-St-Zip: LYNN HAVEN, FL 32444	Election Can	ce with s. 607.193 npaign Financing	(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notice.		
	Title: Name: Address: City-St-Zip:	BYRD, ALLEN 229 GUANA RO PANAMA CITY,	AD FL 32409	Name: BYI Address: 531 City-St-Zip: LYN	RD, ALLEN NORTH SHORE CIRCLE NN HAVEN, FL 32444	

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLEN BYRD 05/01/2008 ٧