


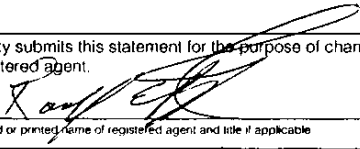
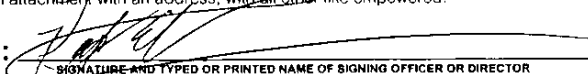
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90078 020 \*\*\*150.00

**60008457**



DOCUMENT # P04000092684							
1. Entity Name RANDY BYRD CONSTRUCTION, INC.							
Principal Place of Business 3203 GENERAL ELECTRIC ROAD ZELLWOOD, FL 32798 US			Mailing Address PO BOX 132 ZELLWOOD, FL 32798 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 20-1251277			
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
Zip	Country	Zip	Country	01122007 Chg-P CR2E034 (12/06)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BYRD, RANDY 3203 GENERAL ELECTRIC ROAD PLYMOUTH, FL 32768			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	
			Zellwood			Zip Code 32798	
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, typed or printed name of registered agent and title if applicable		DATE 1/24/07			
(NOTE: Registered Agent signature required when reinstating)		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	DIR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BYRD, RANDY		NAME				
STREET ADDRESS	P. O. BOX 132		STREET ADDRESS				
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BYRD, RANDY		NAME				
STREET ADDRESS	P. O. BOX 132		STREET ADDRESS				
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BYRD, ANTHONY B		NAME				
STREET ADDRESS	P. O. BOX 132		STREET ADDRESS				
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP				
TITLE	SECT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BYRD, RANDY		NAME				
STREET ADDRESS	P. O. BOX 132		STREET ADDRESS				
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP				
TITLE	TREA	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BYRD, RANDY		NAME				
STREET ADDRESS	P. O. BOX 132		STREET ADDRESS				
CITY-ST-ZIP	ZELLWOOD, FL 32798		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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:		 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 1/24/07			
				DAYTIME PHONE # 407-466-8696			