


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-1251277**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BYRD, RANDY  
 3203 GENERAL ELECTRIC ROAD  
 ZELLWOOD, FL 32798**

**DO NOT WRITE IN THIS SPACE**

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 \$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**

U00000828999  
 02/26/08-80024-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BYRD, RANDY P. O. BOX 132 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRD, RANDY P. O. BOX 132 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BYRD, ANTHONY B P. O. BOX 132 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT BYRD, RANDY P. O. BOX 132 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA BYRD, RANDY P. O. BOX 132 ZELLWOOD, FL 32798
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_ **2-1-08** **407-466-8696**

\_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #