


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90301 041 ***150.00

DOCUMENT # P04000124764		
1. Entity Name BYRD HOUSE CONSTRUCTION INC.		

Principal Place of Business 203 ADAMS STREET CRESTVIEW, FL 32536	Mailing Address 203 ADAMS STREET CRESTVIEW, FL 32536
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2. Principal Place of Business 5844 Saratoga Dr.	3. Mailing Address 5844 Saratoga Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Crestview, FL	City & State Crestview, FL
Zip 32536	Country USA
Zip 32536	Country USA



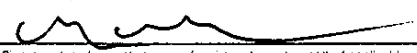
04132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BYRD, MARTELLE L 203 ADAMS STREET CRESTVIEW, FL 32536	
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4. FEI Number 20-1837205	Applied For Not Applicable
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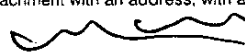
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Byrd, Martelle L. Street Address (P.O. Box Number is Not Acceptable) 5844 Saratoga Drive City Crestview FL Zip Code 32536	
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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  Martelle L. Byrd DATE 4-13-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRD, MARTELLE L 203 ADAMS STREET CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Byrd, Martelle L 5844 Saratoga Drive Crestview, FL 32536 <input checked="" 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
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:  Martelle Byrd DATE 4-13-05 DAYTIME PHONE # 850-682-6256 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	