2006 FOR PROFIT CORPORATION ANNUAL REPORT



FILED May 05, 2006 8:00 am Secretary of State

1. Entity Name BYRON HART SERVICES INC						05-05-2006 9	00169 042 ***150	
Principal Place of Business 3154 LORMAN DR JACKSONVILLE, FL 32223		Mailing Address 3154 LORMAN DR JACKSONVILLE, FL 32223		1 (05 110 0 1 411 0	INI NIII DRIN ENN ROM	47 88181 19188 11118 18181 Birre 1	II/AC: A (CA)	
2. Principal Place of Business		3. Mailing Address						
Suite, Apr. #, etc.		Suite, Apt. #, etc.		04182006	Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number	-299x	>1 / 1. 🕶 🛶	pplied For ot Applicable	
Zip Country		Zip	Country		5. Certificate of	Status Desired	S8.75 Ac Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
MANDARIN TAX & ACCOUNTING INC 3030 HARTLEY RD SUITE 320 JACKSONVILLE, FL 32257			Name Street Address (P.O. Box Number is Not Acceptable)					
# 5 - 6 ·				City		····	FL Zip Cox	de
	named entity submits this statement tions of registered agent.	or the purpose of changing its	register	ed office or register	red agent, or both,	in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ager	et and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Trust Fund Contribu								
FIL			_		.00 May Be led to Fees			
After Ma	ay 1, 2006 Fee will be \$550 OFFICERS AND	.00 Trust Fund Con	tribution.	Add	led to Fees	HANGES TO OFF	ICERS AND DIRECTOR	
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FIL After M: 10. TITLE NAME	ay 1, 2006 Fee will be \$550 OFFICERS AND PD HART, BYRON	.00 Trust Fund Con	11.	Add	led to Fees	HANGES TO OFF		
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The copy centry und the morrhalion suppried with this filling does not quality 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

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