

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000120431

FILED
Mar 16, 2009
Secretary of State

Entity Name: BYRD SEPTIC SERVICES, INC.

Current Principal Place of Business:

215 ROD LANE
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

P O BOX 1637
DAVENPORT, FL 33836

New Mailing Address:

FEI Number: 20-5587913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRD, MICHAEL G
215 ROD LANE
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

BYRD, MICHAEL J
215 ROD LANE
DAVENPORT, FL 33837 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: MICHAEL J. BYRD

03/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BYRD, MICHAEL G
Address: 215 ROD LANE
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: BYRD, MICHAEL J
Address: 302 N. 19TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: D () Delete
Name: BYRD, MARILYN K
Address: 215 ROD LANE
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P-D (X) Change () Addition
Name: BYRD, MICHAEL J
Address: 302 19TH STREET
City-St-Zip: HAINES CITY, FL 33844

Title: VP-D (X) Change () Addition
Name: BYRD, MARILYN K
Address: 215 ROD LANE
City-St-Zip: DAVENPORT, FL 33837

Title: D (X) Change () Addition
Name: CHRISTOPHER, TEMPLES T
Address: 825 N. BLVD., WEST
City-St-Zip: DAVENPORT, FL 33837

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: MICHAEL J. BYRD

PRES

03/16/2009

Electronic Signature of Signing Officer or Director

Date