

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16042

FILED
Mar 22, 2007
Secretary of State

Entity Name: BYRD CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

30347 HIGHWAY 59 N.
P.O. BOX 526
LOXLEY, AL 365510526 US

New Principal Place of Business:

30347 HIGHWAY 59 NORTH
LOXLEY, AL 365510526 US

Current Mailing Address:

P O BOX 526
LOXLEY, AL 365510526 US

New Mailing Address:

FEI Number: 63-0905347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LAWRENCE, RALPH W
Address: 1024 HILLCREST RD.
City-St-Zip: MOBILE, AL 36695

Title: VP () Delete
Name: STANDIFER, JOHNNY M
Address: 30347 HWY 59 N
City-St-Zip: LOXLEY, AL 36551

Title: STD () Delete
Name: BYRD, H G
Address: 800 HILLCREST RD. BLDG 5
City-St-Zip: MOBILE, AL 36695

Title: PD () Delete
Name: BROWN, CHARLES V
Address: 30347 HWY 59 N
City-St-Zip: LOXLEY, AL 36551

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES V BROWN

PD

03/22/2007

Electronic Signature of Signing Officer or Director

_____ Date