



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 12, 2004 08:00 AM  
Secretary of State

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # P93000030284</b><br>1. Entity Name<br><b>RANDALL BYRD ENTERPRISES, INC.</b>  |   |   |   |    |  |
| Principal Place of Business<br><b>2325 JASON STREET<br/>MERRITT ISLAND FL 32952</b>  |   |   | Mailing Address<br><b>2325 JASON STREET<br/>MERRITT ISLAND FL 32952</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt #, etc.   |   | 3. Mailing Address<br>Suite, Apt #, etc.                          |   |    |  |
| City & State   |   | City & State  |   | 4. FEI Number <b>NO-T APPLICABLE</b>  |  |
| Zip Country  |   | Zip Country   |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>BYRD, RANDALL<br/>2325 JASON STREET<br/>MERRITT ISLAND FL 32952</b>   |   |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| <b>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.</b><br>SIGNATURE <i>Randall Byrd</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/9/04</b>  |   |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004, Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                         |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>            |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P<br><b>RANDALL BYRD,<br/>2325 JASON STREET<br/>MERRITT ISLAND FL 32952</b> | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | UD00000048814<br>02/12/04-80095-017 150.00                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| <b>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.</b> |   |   |   |   |  |
| <b>SIGNATURE:</b> <i>Randall Byrd</i> <b>2/9/04</b> <b>(321) 453-6524</b>  |   |   |   |   |  |