## 2004 FOR PROFIT CORPORATION

## Apr 26, 2004 08:00 AM Secretary of State **ANNUAL REPORT** FOCUMENT # P95000040407 B.I.R.D., INC. Principal Place of Business Mailing Address 4152 ROWAN ROAD 4152 ROWAN ROAD NEW PORT RICHEY, FL 34653 NEW PORT RICHEY, FL 34653 US 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3315129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RALSTON, BARBARA J DO NOT WRITE 1136 US 19 HOLIDAY, FL 34691 IN THIS SPACE 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 Flurida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Apent signature required which reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RALSTON, BARBARA J STREET ADDRESS 1136 US 19 U00000131967 CITY ST- BP HOLIDAY, FL 34691 04/27/04-80026-020 150.00 VΡ NAME RALSTON, DAVID STREET ADDRESS 1136 US 19 CITY - ST - ZSP HOLIDAY, FL 34691 3131.E NAME STREET ADDRESS DO NOT WRITE CITY-57-ZIP TITLE IN THIS SPACE STREET ADDRESS C3TY - 57 - 23P THELE

12. I hereby certify that the information supplied with this filling 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 docurate 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 all other like purpowered.

SIGNATURE:

MALIF STREET ADDRESS C33Y - ST - ZIP

NAME STREET ADDRESS CITY-ST-ZIP

**FILED**