

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90009 041 ***150.00

DOCUMENT # P95000040407

1. Entity Name
B.I.R.D., INC.



Principal Place of Business
2200 US HWY 19
HOLIDAY, FL 34691 US

Mailing Address
2200 US HWY 19
HOLIDAY, FL 34691 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122008

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3315129

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALSTON, BARBARA J
2200 US HWY 19
HOLIDAY, FL 34691

RALSTON, DAVID
2200 US HWY 19
HOLIDAY FL 34691

Name
DAVID RALSTON
Street Address (P.O. Box Number is Not Acceptable)
2200 US HWY 19

City Holiday FL Zip Code 34691

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.

SIGNATURE *David S. Ralston* David S. RALSTON

4-22-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP
NAME RALSTON, DAVID
STREET ADDRESS 2200 US HWY 19
CITY-ST-ZIP HOLIDAY, FL 34691 ☐ Delete

TITLE President
NAME David Ralston
STREET ADDRESS 2200 US HWY 19
CITY-ST-ZIP Holiday FL 34691 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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: *David S. Ralston* DAVID S. RALSTON 4-22-08 787 514 3307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #