

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90076 011 ***150.00

DOCUMENT # P96000009848

1. Entity Name

BYRAM SERVICES INC.



Principal Place of Business

**12516 TWIN BRANCH ACRES RD
TAMPA FL 33626
US**

Mailing Address

**12516 TWIN BRANCH ACRES RD
TAMPA FL 33626
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3361915

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

**SHANK, EUGENE C JR
12516 TWIN BRANCH ACRES RD
TAMPA FL 33626**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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:

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **D** ☐ Delete
NAME: **SHANK, GENE JR.**
STREET ADDRESS: **1929 BYRAM DR.**
CITY-ST-ZIP: **CLEARWATER FL 34618**

TITLE: **VP** ☐ Delete
NAME: **BONNER, CHARLES GLEN**
STREET ADDRESS: **32535 LEONARD RD**
CITY-ST-ZIP: **DADE CITY FL**

TITLE: **T** ☒ Delete
NAME: **CUNNINGHAM, JASON D**
STREET ADDRESS: **12622 MEMORIAL HIGHWAY**
CITY-ST-ZIP: **TAMPA FL**

TITLE: **S** ☐ Delete
NAME: **FOLTZ, JASON**
STREET ADDRESS: **4014 WEST COSS ST.**
CITY-ST-ZIP: **TAMPA FL 33609**

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☒ Change ☐ Addition
NAME: **EUGENE C. SHANK JR.**
STREET ADDRESS: **12516 TWIN BRANCH ACRES RD.**
CITY-ST-ZIP: **TAMPA, FLA 33626**

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

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

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

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

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

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.

SIGNATURE:

Eugene C. Shank Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

813 855-3257
Daytime Phone #