

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000062358

1. Entity Name
TM BYRD ENTERPRISES, INC.



Principal Place of Business Mailing Address

**338 SW BONIFAY GLEN
 FORT WHITE FL 32038
 US** **338 SW BONIFAY GLEN
 FORT WHITE FL 32038
 US**



1st MOORE CR2E034 (10/05)

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 Applied For

59-3520764 Not Applicable

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

6. Name and Address of Current Registered Agent

**BYRD, THOMAS M
 358 SW BONIFAY GLEN
 FORT WHITE FL 32038**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	P <input type="checkbox"/> Delete
NAME	BYRD, THOMAS M
STREET ADDRESS	338 SW BONIFAY GLEN
CITY-ST-ZIP	FORT WHITE FL 32038
TITLE	VP <input type="checkbox"/> Delete
NAME	BYRD, MERILYN S
STREET ADDRESS	338 SW BONIFAY GLEN
CITY-ST-ZIP	FORT WHITE FL 32038
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilyn Sue Byrd **Marilyn Sue Byrd** 2/5/06 386-454-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #