


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000043965 1. Entity Name 3 BYRDS, INC.	
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Principal Place of Business 1208 SO. MYRTLE AVE. CLEARWATER, FL 33756	Mailing Address 1208 SO. MYRTLE AVE. CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3579550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BYRD, ROBERT W 1208 S MYRTLE AVENUE CLEARWATER, FL 33756

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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BYRD, ROBERT W 1208 S. MYRTLE AVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST BYRD, BRANT T 1208 S. MYRTLE AVE CLEARWATER, FL 33756
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BYRD, BROOKS P 1208 S. MYRTLE AVE CLEARWATER, FL 33756
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U000000036895 02/06/04-80076-016 150.00</p> DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  Robert W. Byrd 2/02/04 727-461-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #