


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 010 ***150.00

DOCUMENT # P99000043965	
1. Entity Name 3 BYRDS, INC.	

Principal Place of Business 1208 SO. MYRTLE AVE. CLEARWATER, FL 33756	Mailing Address 1208 SO. MYRTLE AVE. CLEARWATER, FL 33756
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40004616



2. Principal Place of Business 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA	3. Mailing Address 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA
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01072005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent BYRD, ROBERT W 1208 S MYRTLE AVENUE CLEARWATER, FL 33756	
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7. Name and Address of New Registered Agent Name Robert W. Byrd Street Address (P.O. Box Number is Not Acceptable) 100 Carillon Parkway Suite 100 City St. Petersburg FL Zip Code 33716	
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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 <u><i>Robert W. Byrd</i></u> Robert W. Byrd DATE 01-19-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BYRD, BRANT T 1208 S. MYRTLE AVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BYRD, BROOKS P 1208 S. MYRTLE AVE CLEARWATER, FL 33756 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Byrd, Robert W 100 Carillon Parkway Suite 100 St. Petersburg FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Byrd, Brant 100 Carillon Parkway Suite 100 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Byrd, Brooks P. 100 Carillon Parkway Suite 100 St. Petersburg, FL 33716 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u><i>Robert W. Byrd</i></u> Robert W. Byrd DATE 01-19-05 DAYTIME PHONE # 727-461-0859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	