

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000163667

**Entity Name:** GINA BYRD, CPA, PA

**Current Principal Place of Business:**

7 N. VERNON AVENUE  
KISSIMMEE, FL 34741

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**6406090814CC**

**Current Mailing Address:**

7 N. VERNON AVENUE  
KISSIMMEE, FL 34741 US

**FEI Number: 20-4028682**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BYRD, GINA O  
3402 HAWKIN DRIVE  
KISSIMMEE, FL 34746 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BYRD, GINA O  
Address 3402 HAWKIN DRIVE  
City-State-Zip: KISSIMMEE FL 34746

Title MANAGER  
Name OEHLER, RICHARD MJR  
Address 1355 SPRINGFIELD ST.  
City-State-Zip: KISSIMMEE FL 34744

Title MANAGER  
Name OEHLER, DERRICK  
Address 1212 SUMNER DR.  
City-State-Zip: KISSIMMEE FL 34741

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: REGINA O BYRD**

**PRESIDENT**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date