

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J62930

Entity Name: BYTE/WIDE SOFTWARE, INC.

FILED  
Jul 02, 2006  
Secretary of State

## Current Principal Place of Business:

1826 TWIN OAKS DRIVE  
PO BOX 1778  
DELAND, FL 32720

## New Principal Place of Business:

## Current Mailing Address:

1826 TWIN OAKS DRIVE  
PO BOX 1778  
DELAND, FL 32720

## New Mailing Address:

FEI Number: 59-2816932      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

REVIS, JOHN C. ESQUIRE  
648 S. RIDGEWOOD AVE.  
DAYTONA BEACH, FL 32014      US

## Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PERRYMAN, FRANCIS A  
Address: 3333 MARSH RD  
City-St-Zip: DELAND, FL

Title: VP ( ) Delete  
Name: PERRYMAN, FRANCIS A  
Address: 3333 MARSH RD  
City-St-Zip: DELAND, FL

Title: T ( ) Delete  
Name: HARRISON, LAURIE E  
Address: 1826 TWIN OAKS DR.  
City-St-Zip: DELAND, FL 32720

Title: S ( ) Delete  
Name: PERRYMAN, FRANCIS A  
Address: 3333 MARSH RD.  
City-St-Zip: DELAND, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURIE E. HARRISON

T

07/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date