


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 14, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P0000017373**

1. Entity Name  
**BOARDS N BYTES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>1465 40TH AVE., N.E.<br/>         ST. PETERSBURG, FL 33703</b> | Mailing Address<br><b>1465 40TH AVE., N.E.<br/>         ST. PETERSBURG, FL 33703</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**



03052003 No Chg-P CR2E034 (10/03)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>59-3626608</b>                        | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |

6. Name and Address of Current Registered Agent

**WRIGHT, BYRON W JR.  
 1465 40TH AVE., N.E.  
 ST. PETERSBURG, FL 33703**

**DO NOT WRITE IN THIS SPACE**

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 reselecting) DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>WRIGHT, BYRON W JR.<br>1465 40TH AVE., N.E.<br>ST. PETERSBURG, FL 33703 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVD<br>WRIGHT, SUSAN G<br>1465 40TH AVE., N.E.<br>ST. PETERSBURG, FL 33703     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 05/14/04-80006-005 150.00

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: Susan G Wright, President 5-10-04 (727) 528-4378

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

*Susan G. Wright, President*