

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90010 045 ***150.00

DOCUMENT # P02000056215			
1. Entity Name BYTEGUARD, INC.			
Principal Place of Business PO BOX 6082 DELRAY BEACH, FL 33482-6082		Mailing Address PO BOX 6082 DELRAY BEACH, FL 33482-6082	
2. Principal Place of Business P.O. BOX 412 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 412 Suite, Apt. #, etc.	
City & State Deerfield Beach, Florida Zip 33443-0412 Country USA		City & State Deerfield Beach Florida Zip 33443-0412 Country USA	
4. FEI Number 04-3683796		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUSSEY, RICHARD F 633 SOUTH FEDERAL HWY 8TH FLOOR FT LAUDERDALE, FL 33302		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	☐ Delete HUSSEY, CALIA STREET ADDRESS 5417 ADAMS RD CITY-ST-ZIP DELRAY BEACH, FL 33484	TITLE PD	☒ Change ☐ Addition Hussey-Calia, Doreen STREET ADDRESS 325 SE 11th Street CITY-ST-ZIP Deerfield Beach, Florida 33441
TITLE SD	☐ Delete STONE, JEAN STREET ADDRESS 5417 ADAMS RD CITY-ST-ZIP DELRAY BEACH, FL 33484	TITLE SD	☒ Change ☐ Addition Hussey-Stone, Jean STREET ADDRESS 325 SE 11th Street CITY-ST-ZIP Deerfield Beach, Florida 33441
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
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TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ 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, officers, directors, receivers, trustees, or other persons.			
SIGNATURE: Doreen M. Hussey-Calia		Date: 4/3/04 Daytime Phone #: (954) 426-1744	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			