

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90292 034 \*\*\*150.00

DOCUMENT # P02000078967

1. Entity Name

DOCTOR BYTE INFORMATION SERVICES, INC.



Principal Place of Business

2602 NW 6TH ST  
GAINESVILLE FL 32609-2944

Mailing Address

2602 NW 6TH ST  
GAINESVILLE FL 32609-2944



2. Principal Place of Business

7621 NE 108 AVE

Suite, Apt. #, etc.

3. Mailing Address

7621 NE 108 AVE

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

22-3862633

Applied For

Not Applicable

Zip

32609

Country

FLORIDA

Zip

32609

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORNWELL, DEBORAH G  
2602 NW 6TH ST  
GAINESVILLE FL 32609-2944

7. Name and Address of New Registered Agent

Name CORNWELL, DEBORAH G

Street Address (P.O. Box Number is not acceptable)  
7621 NE 108 AVE

City GAINESVILLE FL 32609

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

*Deborah G Cornwell* DEBORAH G CORNWELL 4/15/2006

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD  
NAME CORNWELL, DEBORAH G  
STREET ADDRESS 2602 NW 6TH ST  
CITY-ST-ZIP GAINESVILLE FL 32609-2944 ☐ Delete

TITLE VTD  
NAME THOMPSON, MARCIA  
STREET ADDRESS 2602 NW 6TH ST  
CITY-ST-ZIP GAINESVILLE FL 32609-2944 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD  
NAME CORNWELL, DEBORAH G  
STREET ADDRESS 7621 NE 108 AVE  
CITY-ST-ZIP GAINESVILLE FL 32609 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Deborah G Cornwell* DEBORAH G CORNWELL 4/15/2006 352-271-7098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #