

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000123712

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: BUSINESS INFORMATION TECHNOLOGY SERVICES, INC.

**Current Principal Place of Business:**

3765 EAGLE HAMMOCK DR  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

4025 CATTLEMEN RD #147  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 61-1418500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LYTHGOE, ANNA  
3765 EAGLE HAMMOCK RD  
SARASOTA, FL 34240 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LYTHGOE, MARK  
Address: 3765 EAGLE HAMMOCK DR  
City-St-Zip: SARASOTA, FL 34240

Title: S ( ) Delete  
Name: LYTHGOE, ANNA  
Address: 3765 EAGLE HAMMOCK DR  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: ANNA LYTHGOE

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01/04/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date