2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 09, 2004 8:00 am Secretary of State DOCUMENT # P03000046286 03-29-2004 90061 015 ***150.00 BITWISE SOFTWARE CORPORATION Mailing Address Principal Place of Business DOATAGA 725 RIVERBEND BLVD. LONGWOOD FL 32779 725 RIVERBEND BLVD. LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HADLEY, JAMES Street Address (P.O. Box Number is Not Acceptable) 725 RIVERBEND BLVD. LONGWOOD FL 32779 City 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 agont and little if applicable (NOTE, Registered Agen) signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004. Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. tin e MILE ☐ Change ☐ Addition ☐ Delete NAME HADLEY, JAMES NAME STREET ADDRESS 725 RIVERBEND BLVD. STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete NTLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete ::A:AE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP.... CITY-ST-ZIP TITLE ☐ Change M Addition Delete TITLE MAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachr James SIGNATURE:

FILED

Dantura Phone #