


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90025 012 ***158.75

DOCUMENT # P05000105562 1. Entity Name BYTES, INC.					
Principal Place of Business 19861 SW RAINBOW LAKES BLVD. DUNNELLON, FL 34431 US			Mailing Address 19861 SW RAINBOW LAKES BLVD. DUNNELLON, FL 34431 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3287653	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MATTHEWS OWENS, MELISSA 19861 SW RAINBOW LAKES BLVD. DUNNELLON, FL 34431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEWS OWENS, MELISSA		NAME	Crystal Owens. Stephens	
STREET ADDRESS	19861 SW RAINBOW LAKES BLVD.		STREET ADDRESS	19861 Sw Rainbow lakes Blvd	
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK CATLETT, RUTH		NAME	Crystal Owens. Stephens	
STREET ADDRESS	945 S GOLDEN RULE CT		STREET ADDRESS	19861 Sw Rainbow lakes Blvd	
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP	Dunnellon, FL 34431	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATTHEWS OWENS, MELISSA		NAME		
STREET ADDRESS	19861 SW RAINBOW LAKES BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON, FL 34431		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLARK CATLETT, RUTH		NAME		
STREET ADDRESS	945 S GOLDEN RULE CT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Melissa M. Owens</u> <u>Melissa M. Owens</u> <u>5/2/06</u> <u>863-223-936</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					