

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000091947

Entity Name: COMPUTER BITE, INC.

**FILED**  
**Apr 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2815 SILENTWOOD DR  
CANTONMENT, FL 32533 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 458  
GONZALEZ, FL 32560 US

**New Mailing Address:**

FEI Number: 45-3636244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BASS & SANDFORT ACCOUNTANTS, PA  
1301 W GARDEN ST  
PENSACOLA, FL 32502 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: BLACKMON, DAVID A JR  
Address: 2815 SILENTWOOD DR  
City-St-Zip: CANTONMENT, FL 32533 US

Title: DST  
Name: ACOSTA, TERRELL C  
Address: 565 LONGLAKE DR  
City-St-Zip: PENSACOLA, FL 32506 US

Title: VP  
Name: BLACKMON, DAVID A SR  
Address: 374 MAN O WAR CT  
City-St-Zip: CANTONMENT, FL 32533 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID A BLACKMON, JR

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04/13/2012

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

\_\_\_\_\_  
Date