

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 06, 2004 08:00 AM
Secretary of State**

DOCUMENT # J98920 1. Entity Name W.C. DATA, INC.	
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Principal Place of Business 1800 OLD OKEECHOBEE RD SUITE 100 WEST PALM BEACH, FL 33409-5207 US	Mailing Address C/O DAVID A DANIELSON 1800 OLD OKEECHOBEE RD SUITE 100 WEST PALM BEACH, FL 33409-5207 US
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02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0041299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DANIELSON, DAVID A. 1800 OLD OKEECHOBEE RD SUITE 100 WEST PALM BEACH, FL 33409-5207

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000039414 02/09/04-80004-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELSON, DAVID A. 1800 OLD OKEECHOBEE RD SUITE 100 WEST PALM BEACH, FL 334095207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOWNING, LYNN 233 DAVIS ROAD PALM SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARRISH, CLYDE 1501 GULF BLVD, #304 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2-3-04 561-615-3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
DAVID A. DANIELSON