

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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DO NOT WRITE IN THIS SPACE



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 |

6. Name and Address of Current Registered Agent

DANIELSON, DAVID A.
 1800 OLD OKEECHOBEE RD
 SUITE 100
 WEST PALM BEACH, FL 33409-5207

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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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

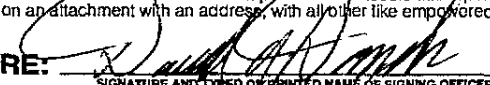
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000039414
 02/09/04-80004-006 150.00

| 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 | |

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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:  DATE: 2-3-04 DAYTIME PHONE #: 561-615-3095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DAVID A. DANIELSON