2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000017985

1 Entitu Nome

DIGITAL SOFTWARE SYSTEMS, INC.



Principal Place of Business

3501 FRONTAGE RD

SUITE 360

TAMPA, FL 33607 L

Mailing Address

3501 FRONTAGE RD SUITE 360

TAMPA, FL 33607

US

FILED Apr 01,-2004 08:00 AM Secretary of State



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03172004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For 59-3364288 Not Applicable

5. Certificate of Status Desired S3.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

BROUGHTON, DONALD E. 907 ALLEGRO LANE APOLLO BEACH, FL 33572 DO NOT WRITE IN THIS SPACE

the obligati	ions of registered agent.						
SIGNATURE Signature typed or printed name of registered agent and title if applicable. (WOTE, Registered			d Agent a gnature required when rematating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution		\$5.00 May Be Added to Fees	U00000100720 04/01/04-80019-009	150.00	
10.	OFFICERS AND DIREC	TORS	2. E.A. 31.		Distance in the line is not be seen	Thanalle.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROUGHTON, DONALD E 907 ALLEGRO LANE APOLLO BEACH, FL 33572						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BROUGHTON, LINDA M 907 ALLEGRO LANE APOLLO BEACH, FL 33572						
TITLE KAME			14 3 4 13 1 1 1 4 1 1 2 2 2				

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

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12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Flortda 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 attact/ment.with any architest, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-57-7/P

TITLE
NAME
STREET ADDRESS
CRY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CRY-ST-ZIP
TITLE
STREET ADDRESS

SIGNATURE AND TYPEO OR PRAITED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-04

813-298-988

Daytime Phone #