## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000017629

FILED May 02, 2004 Secretary of State

Entity Name: GENERAL DATA MANAGEMENT SERVICES, INC.

Current Principal Place of Business:			New Principal Place of Business:	
324 HAW UTZ, FL	VKS NEST DR 33549	VE		
urrent N	lailing Addres	ss:	New Mailing Addres	ss:
324 HAW UTZ, FL	VKS NEST DRI 33549	VE		
El Number	: 59-3369207	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
lame and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:
	ORPS REGIST PARK AVE.	FERED AGENT, INC.		
	SSEE, FL 323	02 US		
ALLAHA	,		purpose of changing its register	ed office or registered agent, or both,
ALLAHA	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both,
ALLAHA The above The State SIGNATU	e named entity e of Florida RE: Electror	submits this statement for the		ed office or registered agent, or both,  Date
ALLAHA The above The State SIGNATU	e named entity e of Florida RE: Electror	submits this statement for the		
ALLAHA The above The State GRATU  Iection Ca	e named entity e of Florida RE: Electror	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	ent	
ALLAHA The above The State GRATU  Iection Ca	e named entity e of Florida.  RE: Electror  mpaign Financin  S AND DIREC	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  Delete CIA A NUE	ent	Date
ALLAHA he above the Stat lGNATU lection Ca  PFFICER ttle: ame: ddress:	e named entity e of Florida.  RE:  Electror  mpaign Financin  S AND DIREC  PT ( WOOD, PATRI 1201 8TH AVEI HOUGHTON, M	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ( ).  TORS:  ) Delete CIA A NUE II 49931  ) Delete	ent  ADDITIONS/CHANG  Title:  Name:  Address:	Date  BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PATRICIA A. WOOD MS 05/02/2004