Feb-13-06 11:46am From-RIVERO GORDIMER CO 813-874-6785 T-400 P 02/02 F-097

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 308767

1. Entity Name
DATA PROCESSING SERVICES, INC.

Principal Place of Business
19345 U.S. HWY. 19 N., STE. 206
CLEARWATER, FL 33764 US

Mailing Address
19345 U.S. HWY. 19 N., STE. 206
CLEARWATER, FL 33764 US

02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1150316

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWE, ERIC H
19345 U S HWY 19 N., STE. 206
CLEARWATER, FL 33764

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 ______________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	TSD
NAME	SMALL, ANITA C.
STREET ADDRESS	19345 U.S. HWY. 19 N., STE. 206
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	D
NAME	LYNCH, WILLIAM P
STREET ADDRESS	19345 U S. HWY 19 N., STE. 206
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	PD
NAME	HOWE, ERIC
STREET ADDRESS	19345 U.S. HWY. 19 N., STE. 206
CITY-ST-ZIP	CLEARWATER, FL 33764
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000450488
03/10/06-80008-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Anita C. Small [signature] 2/15/06 727-532-9481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #