

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 362627	
1. Entity Name DATCO, INCORPORATED	

Principal Place of Business 1420 POINCIANA DR. CLEARWATER, FL 33764 US	Mailing Address P.O. BOX 4368 CLEARWATER, FL 33758
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DO NOT WRITE IN THIS SPACE



08052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1289220	Applied for Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THOMAS JR, DONALD A 1420 POINCIANA DR CLEARWATER, FL 34624	DO NOT WRITE IN THIS SPACE
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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 _____ Signature, typed or printed name of registered agent and fee if applicable	NOTE: Registered Agent Signature required when reappointing	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000169655 08/09/04-80005-016 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DONALD, THOMAS JR 1420 POINCIANA DR. CLEARWATER, FL 33764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD THOMAS, JOHN S. 1420 POINCIANA DR. CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTS, GEORGIA 6666 W. WILLIS CT. DUNNELLON, FL 34433
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: <u>Georgia Roberts</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>8-05-04</u>	Daytime Phone # <u>927-531-4255</u>
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