

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 484139

1. Entity Name
PRO DATA SYSTEMS, INCORPORATED



Principal Place of Business
815 MULBERRY AVE
PANAMA CITY, FL 32401 US

Mailing Address
P.O. BOX 646
PANAMA CITY, FL 32402-0646 US

DO NOT WRITE IN THIS SPACE

FILED
Apr 24, 2006 08:00 AM
Secretary of State

04142006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1649289	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JENCKS, LAWRENCE W.
9316 KINGSWOOD RD, S, FL
PANAMA CITY, FL 32409

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

000000527253
05/04/06-80106-016 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JENCKS, LAWRENCE
STREET ADDRESS 9316 KINGSWOOD RD
CITY-ST-ZIP PANAMA CITY, FL

TITLE SD
NAME MARGARET, JENCKS
STREET ADDRESS 9316 KINGSWOOD RD
CITY-ST-ZIP PANAMA CITY, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Law. Jenck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/06

850-785-1453

Date

Daytime Phone #