

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

**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



04142006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1649289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 is 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	PO
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	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF HONORING OFFICER OR DIRECTOR

4/14/06

850-785-1453

Date

Daytime Phone #