

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 617809

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** DATA SYSTEMS OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

2731 SW WILLISTON ROAD  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

6722 NW 18TH DRIVE  
UNIT 5  
GAINESVILLE, FL 32653 US

**Current Mailing Address:**

P.O. BOX 12665  
GAINESVILLE, FL 32604 US

**New Mailing Address:**

**FEI Number:** 59-1924151      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JONES, WILLIAM  
2731 SW WILLISTON ROAD  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

JONES, WILLIAM  
6722 NW 18TH DRIVE  
UNIT 5  
GAINESVILLE, FL 32653 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/29/2010

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, WILLIAM  
Address: PO BOX 12665  
City-St-Zip: GAINESVILLE, FL 32604

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM JONES

MGR

04/29/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date