2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 670064

1. Entity Name
DATA PRINT, INC.

Principal Place of Business	Mailing Address
14441 N. FLORIDA AVE. TAMPA, FL 33613	14441 N. FLORIDA AVE. TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

04252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1996956	Not Applicable

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

6. Name and Address of Current Registered Agent

BOTTINI, RICHARD V
14441 N. FLORIDA AVE.
TAMPA, FL 33613

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, 2005 Fee will be $550.00

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

00000041572
04/29/05-80021-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	MACKENZIE, RENEE A
STREET ADDRESS	14441 N FLORIDA AVE
CITY-ST-ZIP	TAMPA, FL

TITLE	V
NAME	BOTTINI, RENEE A
STREET ADDRESS	14441 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL 00000,

TITLE	P
NAME	BOTTINI, GERARD
STREET ADDRESS	14441 N. FLORIDA AVE.
CITY-ST-ZIP	TAMPA, FL

DO NOT WRITE IN THIS SPACE

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Renee A. Mackenzie_ RENEE MACKENZIE 4-27-05 813-918-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #