




9/8/2004-90118-028-\$150.00-\$150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT 20 PM 1:03

 SECRETARY OF STATE
TALLAHASSEE, FLORIDA
440J2323

DOCUMENT # F02000000015					
1. Entity Name ACCUDATA SEARCH, INC.					
Principal Place of Business 7641 HENRY CLAY BLVD. LIVERPOOL, NY 13088			Mailing Address 7641 HENRY CLAY BLVD. LIVERPOOL, NY 13088		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent SPANGLER, LEONARD L JR. 3850 20TH STREET, SUITE 6 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name JASON A. BEAL Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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:  DATE: 10-18-04 <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HENNING, ARTHUR B 7641 HENRY CLAY BLVD. LIVERPOOL, NY 13088 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARBY, DAVID 2875 UNION ROAD CHEEKTOWAGA, NY 14227 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADISON, JAMES 7641 HENRY CLAY BLVD. LIVERPOOL, NY 13088 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MARTIN P. FRANKENFELD 7641 HENRY CLAY BLVD LIVERPOOL, NY 13088		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLS, THOMAS 621 COLUMBIA STREET EXT. COHOES, NY 12047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STATEMENT 04 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 alike empowered.					
SIGNATURE: 		7/19/04/315-451-3254 Date Daytime Phone			