

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000003310 1. Entity Name IRON DATA SOLUTIONS, INC.	
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Principal Place of Business 3033 MAPLE DR ATLANTA, GA 30305	Mailing Address 3033 MAPLE DR ATLANTA, GA 30305
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DO NOT WRITE IN THIS SPACE

01262005 No Chg-P CR2E034 (10/03)

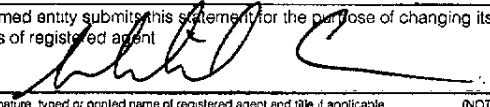
4. FEI Number 58-2636744	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PEREZ, CHARLIE
8895 NORTH MILITARY TRAIL
201E
PALM BEACH GARDENS, FL 33410

**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:  1/26/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

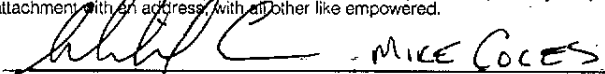
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SMOCK, JEFF 981 JOSEPH E. LOWERY BLVD. STE. 2A ATLANTA, GA 30318
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLES, MIKE 981 JOSEPH E. LOWERY BLVD., STE. 2A ATLANTA, GA 30318
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02/01/05-80074-006 150.00

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IN THIS SPACE**

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:  1/26/05 404-817-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #