2004 FOR PROFIT CORPORATION

ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

DOCUMENT # F84058 1. Entity Name VANN DATA SERVICES, INC.					03-29-2004	1 90025 031 ***15	50.00
Principal Place of Business 1801 DUNN AVENUE DAYTONA BEACH, FL 32114 US	P.O. BOX 10	Mailing Address P.O. BOX 10989 DAYTONA BEACH, FL 32120-1989 US				54023	320
2. Principal Place of Business	3. Mailing Add	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		01262004	Chg-P	CR2E034 (10/03)	
City & State	City & State	City & State		4. FEI Number 59-2231			pplied For
Zip Country	Zip	Cou	untry		of Status Desired	\$8.75 Ad	ditional
6. Name and Address of Cu	rrent Registered Ager	nt		7. Name and	Address of New F	Registered Agent	
VAN ARNAM, GEORGE 104 KEELY CIRCLE NEW SMYRNA BEACH, FL 32168			Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Coo	ie
The above named entity submits this statem the obligations of registered agent.	nent for the purpose of o	changing its registe	ered office or regist	ered agent, or both	n, in the State of Fl	orida. I am familiar with	and accept
SIGNATURESignature, typed or printed name of registere	d agent and title if applicable.	(NOTE: Registe	ered Agent signature requir	red when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.0 After May 1, 2004 Fee will be \$	· _	tion Campaign Fin t Fund Contribution		5.00 May Be			
10. OFFICERS	AND DIRECTORS	1	1.	ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	RS IN 11
TITLE DC NAME VAN ARNAM, GEORGE M STREET ADDRESS 104 KEELY CIRCLE CITY-ST-ZIP NEW SMYRNA BEACH, FL		N/ ST	TLE AME IREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
TITLE DST NAME HUFFSTICKER, JANICE STREET ADDRESS 38 BRYAN CAVE RD. CITY-ST-ZIP SOUTH DAYTONA, FL		N/	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition
TITLE DP NAME HUFFSTICKLER, J. T STREET ADDRESS 38 BRYAN CAVE RD. CITY-ST-ZIP SOUTH DAYTONA, FL	C	N. S1	TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	Addition
TITLE D NAME WATKINS, WILLIAM STREET ADDRESS 1055 SANTA CLARA DR CITY-ST-ZIP DELTONA, FL 32725	×	N/ ST	TLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition
TITLE D NAME OPALEWSKI, MICHAEL STREET ADDRESS 19 SYCAMORE CIR CITY-ST-ZIP ORMOND BEACH, FL 321	•	N/ i si	ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Change	☐ Addition
TITLE D NAME FERGUSON, JOHN STREET ADDRESS 17 SYCAMORE CIR CITY-ST-ZIP ORMOND BEACH, FL 321	74	N) S1 C1	TLE AME THEET ADDRESS ITY-ST-ZIP	0	Clarida Char	☐ Change	Addition

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 is 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 repeiver 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-04

386-238-1200