


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F93000001436	
1. Entity Name DATAMAX BAR CODE PRODUCTS CORPORATION	

Principal Place of Business 4501 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808	Mailing Address 4501 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808
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01272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 41-1741956	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  AMERICAN INFORMATION SERVICES INC 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO, FL 32801	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000124108 04/22/04-80031-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFSD WILLIAMS, CARTER T 4501 PARKWAY COMMERCE BLVD. ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D P BOUVERIE, WILLIAM M 4501 PARKWAY COMMERCE BLVD. ORLANDO, FL
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**DO NOT WRITE 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 I am empowered.

SIGNATURE: Carter T. Williams CARTER T. WILLIAMS 1/28/04 (407) 563-5574  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #