


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # G08493  
 1. Entity Name  
 DATATRON TECHNICAL SERVICES, INC.



Principal Place of Business      Mailing Address  
 641 MONROE RD      PO BOX 530910  
 LAKE MONROE, FL 32747 US      DEBARY, FL 32753-0910 US

**DO NOT WRITE IN THIS SPACE**



01152007    No Chg-P    CR2E034 (11/05)

4. FEI Number 59-2490553	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  
 SAXON, R. HEARD  
 55 SOUTH SHELL RD  
 DEBARY, FL 32713

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

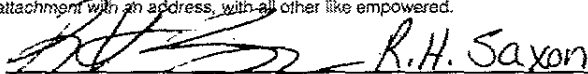
U00000655424  
 03/13/07-80106-012 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST SAXON, R. HEARD 55 SOUTH SHELL RD DEBARY, FL 32713
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  R.H. Saxon      3/1/07      407-834-5678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #