


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # G35970
1. Entity Name
NATIONAL DATA SERVICE, INC.



Principal Place of Business Mailing Address
% MARY L. BRIDGERS % MARY L. BRIDGERS
5876 OLD TIMUQUANA ROAD P.O. BOX 7907
JACKSONVILLE, FL 32238 JACKSONVILLE, FL 32238



04252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2289004 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent
AKEL, DANIEL D
ONE INDEPENDENT DRIVE, SUITE 2301
JACKSONVILLE, FL 32202

**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 reconstituting) 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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	EVERIDGE, MARY L
STREET ADDRESS	5876 OLD TIMUQUANA RD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	BRIDGERS, ANNE-MARIE
STREET ADDRESS	5876 OLD TIMUQUANA RD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	TOSH, MARCIE D
STREET ADDRESS	5876 OLD TIMUQUANA RD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	V
NAME	REDWINE, EDNA E
STREET ADDRESS	5876 OLD TIMUQUANA RD
CITY - ST - ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/27/05-80072-015 150.00

**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 like empowered.

SIGNATURE: Edna Redwine V-P EDNA REDWINE 04/26/05 904-778-2550

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