2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004
Secretary of State

DOCUMENT# G41965

Entity Name: PROFESSIONAL DATA SYSTEMS, INC.

Current Principal Place of Business:

% ROBERT B. KOEHNEMANN
445 GRACE AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

% PAUL DICK
445 GRACE AVE.
PANAMA CITY, FL 32401

Current Mailing Address:

% ROBERT B. KOEHNEMANN
445 GRACE AVE.
PANAMA CITY, FL 32401

New Mailing Address:

% PAUL DICK
445 GRACE AVE.
PANAMA CITY, FL 32401

FEI Number: 59-2300577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOEHNEMANN, ROBERT B.
445 GRACE AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

DICK, PAUL B
445 GRACE AVE.
PANAMA CITY, FL 32401 US

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.

SIGNATURE: PAUL B. DICK 02/11/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOEHNEMANN, ROBERT B, .
Address: 445 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: SD ( ) Delete
Name: KOEHNEMANN, LYNN C.,
Address: 445 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: VD ( ) Delete
Name: DICK, PAUL B
Address: 445 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DICK, PAUL B
Address: 445 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: SD (X) Change ( ) Addition
Name: DICK, ANNE H
Address: 445 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D (X) Change ( ) Addition
Name: KOEHNEMANN, ROBERT C
Address: 445 GRACE AVENUE
City-St-Zip: PANAMA CITY, FL 32401

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE H DICK SD 02/11/2004
Electronic Signature of Signing Officer or Director Date