

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90011 027 ***150.00

DOCUMENT # J04093

1. Entity Name
SOURCE DATA SERVICES, INC.



Principal Place of Business

**10540 75TH ST
SUITE 136
LARGO, FL 33777 US**

Mailing Address

**1915 COVE DR
SUITE 136
LARGO, FL 33774 US**

2. Principal Place of Business

18 Sea Breeze Dr
Suite, Apt. #, etc.

3. Mailing Address

18 Sea Breeze Dr
Suite, Apt. #, etc.



02212004 Chg-P CR2E034 (10/03)

City & State

Crawfordville, FL
Zip **32327** Country **Wakulla**

City & State

Crawfordville, FL
Zip **32327** Country **Wakulla**

4. FEI Number
59-2736112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIES, EDWARD, A.
1915 COVE DRIVE
LARGO, FL 34644**

Name

18 Sea Breeze Dr
Street Address (P.O. Box Number is Not Acceptable)

City

Crawfordville

FL

Zip Code

32327

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

Edward A Fries

Edward A Fries

2-21-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **FRIES, EDWARD A.**
STREET ADDRESS **1915 COVE DR.**
CITY-ST-ZIP **LARGO, FL**

TITLE **PD** ☒ Delete
NAME **MCKINLEY, ILONA M**
STREET ADDRESS **3550 SEAWAY DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **18 Sea Breeze Dr**
STREET ADDRESS **Crawfordville FL 32327**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D, VP** ☐ Change ☒ Addition
NAME **Nadine V Fries**
STREET ADDRESS **18 Sea Breeze Dr**
CITY-ST-ZIP **Crawfordville FL 32327**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward A Fries

Edward A Fries

2/21/04

(850)926-1329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/Phone #