

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J04854

1. Entity Name  
SOUTHERN DATACOMM, INC.



Principal Place of Business

10700 76TH CT  
LARGO, FL 33777 US

Mailing Address

10700 76TH CT  
LARGO, FL 33777 US

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-2672369

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ENG, GARY  
15 TURNER ST. #4  
CLEARWATER, FL 33756

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

100000556712  
05/17/06-80019-020 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTS  
ENG, GARY  
15 TURNER ST.  
CLEARWATER, FL 33756

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SPROAT, JEFF  
17913 ST CROIX ISLE DR  
TAMPA, FL 33647

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-06 727-431-4400