

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90052 007 \*\*\*150.00



**DOCUMENT # J27595**  
 1. Entity Name  
**DATASPACE MANAGEMENT INC.**

Principal Place of Business      Mailing Address  
**1680-A W. HIBISCUS BLVD**      **1680-A W. HIBISCUS BLVD**  
**MELBOURNE FL 32901**      **MELBOURNE FL 32901**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
**1333 GATEWAY DR.**      **1333 GATEWAY DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 1002**      **SUITE 1002**

City & State      City & State  
**MELBOURNE, FL**      **MELBOURNE, FL**  
 Zip      Country      Zip      Country  
**32901**      **BREVARD**      **32901**      **BREVARD**

1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For  
**59-2716325**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**TURKNETT, WILLIAM I JR.**  
~~**1680-A W. HIBISCUS BLVD.**~~  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name  
**TURKNETT, William I SR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1333 GATEWAY DR.**  
**SUITE 1002**  
 City      State      Zip Code  
**MeiBOURNE**      **FL**      **32901**

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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TURKNETT, WILLIAM I JR 1680-A W. HIBISCUS BLVD MELBOURNE FL 32901 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TURKNETT, W. William I, Jr. 1333 GATEWAY DR. SUITE 1002 MeiBOURNE, FL, 32901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: William I. Turknett, Jr.      *William I. Turknett, Jr.*      2/16/05 (321) 984-1956  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #