


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90120 018 \*\*\*158.75

<b>DOCUMENT # P01000011296</b> 1. Entity Name <b>DATA CENTER SUPPORT, INC.</b>			
Principal Place of Business <b>2830 SCHERER DRIVE, #300</b> <b>ST. PETERSBURG, FL 33716</b>		Mailing Address <b>2830 SCHERER DRIVE, #300</b> <b>ST. PETERSBURG, FL 33716</b>	
2. Principal Place of Business <b>2840 Scherer Drive</b> Suite, Apt. #, etc. <b>#400</b> City & State <b>St. Petersburg, FL</b> Zip <b>33716</b> Country <b>USA</b>		3. Mailing Address <b>2840 Scherer Drive</b> Suite, Apt. #, etc. <b>#400</b> City & State <b>St. Petersburg, FL</b> Zip <b>33716</b> Country <b>USA</b>	
4. FEI Number <b>59-3706386</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GOOCH, THOMAS</b> <b>2830 SCHEVER DR STE 300</b> <b>SAINT PETERSBURG, FL 33716</b>		7. Name and Address of New Registered Agent Name <b>Thomas Gooch</b> Street Address (P.O. Box Number is Not Acceptable) <b>2840 Scherer Drive #400</b> City & State <b>St. Petersburg FL</b> Zip <b>33716</b>	
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 <u><i>Thomas Gooch</i></u> DATE <u>07/02/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>GOOCH, THOMAS</b> STREET ADDRESS <b>2830 SCHERER DRIVE, #300</b> CITY-ST-ZIP <b>ST. PETERSBURG, FL 33716</b>	TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Thomas Gooch</b> STREET ADDRESS <b>2840 Scherer Dr. #400</b> CITY-ST-ZIP <b>St. Petersburg, FL 33716</b>		
TITLE <b>Vice President</b> <input type="checkbox"/> Delete NAME <b>2840 Scherer Drive #400</b> STREET ADDRESS <b>St. Petersburg, FL 33716</b> CITY-ST-ZIP	TITLE <b>Elena L. Gooch</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>2840 Scherer Dr.</b> STREET ADDRESS <b>St. Petersburg, FL 33716</b> CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Thomas Gooch</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>07/02/04</u> Daytime Phone # <u>727-573-1199</u>	