

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083239 1. Entity Name DATA CONVERSION RESOURCE, INC.	
---	---

Principal Place of Business 16951 NE 4TH ST SILVER SPRINGS, FL 34488	Mailing Address 16951 NE 4TH ST SILVER SPRINGS, FL 34488
--	--



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 84-1383485	Applied For ☐ Not Applicable
------------------------------------	--

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

8. Name and Address of Current Registered Agent SVEE, JOHN D 16951 NE 4TH ST SILVER SPRINGS, FL 34488
--

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 reattesting) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

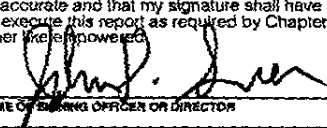
In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROETZ, JOHN D 141 LOCH-LEVEN DR LAKE GEORGE, CO 80827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROETZ, MARY A 141 LOCH-LEVEN DR LAKE GEORGE, CO 80827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SVEE, JOHN D 16951 NE 4TH ST SILVER SPRINGS, FL 34488
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

1100000165913
07/13/04-80001-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other information known.

SIGNATURE: John D. Sree  7/12/2004 352-625-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #