
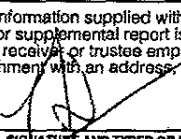


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000083737 1. Entity Name DATA RESOURCE CONSULTING, INC.		
Principal Place of Business 205 S. MYRTLE AVENUE CLEARWATER, FL 33756	Mailing Address 205 S. MYRTLE AVENUE CLEARWATER, FL 33756	
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent BETTERLY, LAURA A 717 WEATHERSFIELD DRIVE DUNEDIN, FL 34698		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETTERLY, LAURA A 717 WEATHERSFIELD DRIVE DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CEFAIL, ROBERT J 4956 ORANGE GROVE WAY PALM HARBOR, FL 34684	
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		
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:  LAURA BETTERLY <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		APRIL 29, 2004 727-465-0925 <small>Date Daytime Phone #</small>



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-3645406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

U000000153523
05/04/04-80129-017 150.00

**DO NOT WRITE
IN THIS SPACE**