


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90296 008 ***150.00

DOCUMENT # P02000127459 1. Entity Name RELEVANT DATA, INC.					
Principal Place of Business PO BOX 340 OZONA, FL 34660-0340			Mailing Address PO BOX 340 OZONA, FL 34660-0340		
2. Principal Place of Business 14375 Myer Lake Circle Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Clearwater, FL		City & State			
Zip 33760		Country USA		4. FEI Number 05-0542648	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent WINSETT, FRANKIE S 402 N CAROLINA AVE PALM HARBOR, FL 34683					
7. Name and Address of New Registered Agent Name Same: Frankie S. Winsett Street Address (P.O. Box Number is Not Acceptable) 14375 Myer Lake Circle City Clearwater FL Zip Code 33760					
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			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME WINSETT, FRANKIE STREET ADDRESS 402 N CAROLINA CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE P NAME WINSETT, Frankie STREET ADDRESS 14375 Myer Lake Circle CITY-ST-ZIP Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME WINSETT, DANA L STREET ADDRESS 402 N. CAROLINA AVE CITY-ST-ZIP PALM HARBOR, FL 34683	<input type="checkbox"/> Delete		TITLE ST NAME WINSETT, DANA L STREET ADDRESS 14375 Myer Lake Circle CITY-ST-ZIP Clearwater, FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <u>Dana L. Winsett</u> DANA L. WINSETT <u>4/21/05</u> <u>727-210-2444</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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