

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90040 005 ***150.00

DOCUMENT # P02000128283			
1. Entity Name RETRIEVAL DATA CORP.			
Principal Place of Business 3665 BEE RIDGE ROAD SUITE 100 SARASOTA, FL 34233		Mailing Address 3665 BEE RIDGE ROAD SUITE 100 SARASOTA, FL 34233	
2. Principal Place of Business 3798 Countryside Rd Suite, Apt. #, etc.		3. Mailing Address 3798 Countryside Rd Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34233		Country USA	
4. FEI Number 40-3734595		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent J. DONALD MOULTON 3665 BEE RIDGE ROAD SUITE 100 SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name: J. Donald Moulton Street Address (P.O. Box Number is Not Acceptable): 3798 Countryside Rd City: Sarasota FL Zip Code: 34233	
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>J. Donald Moulton</u> DATE: <u>Feb 1, 2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D <input type="checkbox"/> Delete NAME: J. DONALD MOULTON STREET ADDRESS: 3665 BEE RIDGE ROAD #100 CITY-ST-ZIP: SARASOTA, FL 34233	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: J. Donald Moulton STREET ADDRESS: 3798 Countryside Rd CITY-ST-ZIP: Sarasota, FL 34233	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:
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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>J. Donald Moulton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>Feb 1, 2004</u> Daytime Phone #: <u>941.927.578</u>	