

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-03-2004 90001 003 ***150.00

DOCUMENT # P03000008911			
1. Entity Name INTEGRATED DATA SERVICES, INC.			
Principal Place of Business 710 NE 15 AVE FT LAUDERDALE, FL 33304		Mailing Address 710 NE 15 AVE FT LAUDERDALE, FL 33304	
2. Principal Place of Business 2808 NE 25th CT		3. Mailing Address 1007 N. Federal Hwy DmB 77	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State FT Lauderdale FL		City & State FT Lauderdale FL	
Zip 33305	Country Broward	Zip 33304	Country Broward
4. FEI Number 562 312 330		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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>John Mann</i></u> DATE <u>7/26/04</u> Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MANN, JOHN C 710 NE 15 AVE FT LAUDERDALE, FL 33304 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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><i>John Mann</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE <u>7/26/04</u> <u>954 566 3324</u> Date Debra Phone #	