

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90003 022 ***150.00

DOCUMENT # P03000080132

1. Entity Name
DATA TRANE, INC.



Principal Place of Business
**2481 HYBRID DRIVE
KISSIMMEE, FL 34758**

Mailing Address
**2481 HYBRID DRIVE
KISSIMMEE, FL 34758**

54073230



2. Principal Place of Business
6000 S. RIO GRANDE AV

3. Mailing Address
6000 S. RIO GRANDE AV

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
Orlando

City & State
Orlando

Zip
32809

Zip
32809

Country

Country

09102004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0107703

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VELOZ, MARCIO
2481 HYBRID DRIVE
KISSIMMEE, FL 34758**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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
**P
VELOZ, MARCIO
2481 HYBRID DRIVE
KISSIMMEE, FL 34758**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Teodoro P. LeGer
4211 LUGANO CT.
KISSIMMEE, FL 34746**

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #