2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P04000035307

Entity Name

DATÁ ENTRY AND TECHNICAL SERVICES, INC.



02-05-2007 90124 014 ***158.75

Feb 05, 2007 8:00 am Secretary of State

FILED

Principal Place of Business

2943 WINDRIDGE DR HOLIDAY, FL 34691 Mailing Address

2943 WINDRIDGE DR HOLIDAY, FL 34691



01252007

No Chg-P

CR2E034 (11/05)

727

845.8387

25.07

4. FEI Number 30-0233023

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

HOPPE, JONN D 225 E LEMON ST STE 300 -LAKELAND, FL 33801

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the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	istered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and trille if applicable (NOTE Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			, , , , , , , , , , , , , , , , , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLAPRETE, FRANK 2943 WINDRIDGE DR HOLIDAY, FL 34691					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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						

FRANK COLLIPPRETE