


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000024876 1. Entity Name OUTSOURCE DATA, INC.	
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Principal Place of Business 10661 N SUNFLOWER PT. CRYSTAL RIVER, FL 34428 US	Mailing Address 10661 N SUNFLOWER PT. CRYSTAL RIVER, FL 34428 US
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05022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3236581	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 LOCKWOOD, BRIAN R PA 4046 NEWBERRY RD GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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	PT WEIGLE, SUSAN M 10661 N SUNFLOWER PT. CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HEALY, DONNA M 3315 SE 25TH AVE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, BRIAN R PA 4046 NEWBERRY ROAD GAINESVILLE, FL 32607
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05/05/05-80005-021 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

Susan M. Weigle