


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000033274	
1. Entity Name CD DATA SYSTEMS, INC.	

Principal Place of Business 20220 MANECKE RD. BROOKSVILLE, FL 34601-1251	Mailing Address 20220 MANECKE RD. BROOKSVILLE, FL 34601-1251
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DO NOT WRITE IN THIS SPACE

FILED  
07 MAY -9 PM 3: 38  
STATE OF FLORIDA  
ALLAHAMBE, FLORIDA



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3237889	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARTER, ANNETTE  
20220 MANECKE RD  
BROOKSVILLE, FL 34601-1251

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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 \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARTER, ANNETTE 20220 MANECKE RD BROOKSVILLE, FL 346011251
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05/23/07--01019--016 \*\*350.00

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X  4/27/09  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #