

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90024 001 ***150.00

DOCUMENT # P94000039247

1. Entity Name
DATACOM DISTRIBUTION, INC.



Principal Place of Business
**1301 W EAU GALLIE BLVD
SUITE 96
MELBOURNE, FL 32935**

Mailing Address
**1301 W EAU GALLIE BLVD
SUITE 96
MELBOURNE, FL 32935**

40008300



DO NOT WRITE IN THIS SPACE

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3243444

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WILSON, ROBERT P
1301 W EAU GALLIE BLVD.
STE 96
MELBOURNE, FL 32935**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/25/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CVPS
WILSON, ROBERT P
1301 W EAU GALLIE BLVD., STE 96
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
WILLIAMS, RICHARD C
1301 W EAU GALLIE BLVD., STE 96
MELBOURNE, FL 32935**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
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)(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:

Robert P. Wilson

ROBERT P. WILSON

Date

01/25/05

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