


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| <b>DOCUMENT # P95000037134</b>   |   |                                 |  |   |  |
| <b>1. Entity Name</b><br>LAWDATA INC.  |   |                                 |  |  |  |
| <b>Principal Place of Business</b><br>800 20TH PL.<br>SUITE 4<br>VERO BEACH FL 32960   |   |                                 | <b>Mailing Address</b><br>P.O. BOX 650549<br>VERO BEACH FL 32965 |  |  |
| <b>2. Principal Place of Business</b>  |   |                                 | <b>3. Mailing Address</b>  |  |  |
| Suite, Apt. #, etc.  |   |                                 | Suite, Apt. #, etc.  |  |  |
| City & State   |   |                                 | City & State   |  |  |
| Zip  |   | Country                         |  | Zip  |  |
| Country  |   | Country                         |  | <b>4. FEI Number</b> 56-1473899  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |   |                                 |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>CLARK, ROBERT C<br>1936 14TH AVE.<br>VERO BEACH FL 32960   |   |                                 | <b>7. Name and Address of New Registered Agent</b>               |  |  |
| Name   |   |                                 | Street Address (P.O. Box Number is Not Acceptable)               |  |  |
| City   |   |                                 | FL Zip Code  |  |  |
| <b>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.</b> |   |                                 |  |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |   |                                 |  |  |  |
| Signature, typed or printed name of registered agent and title if applicable   |   |                                 |  |  |  |
| DATE   |   |                                 |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |   |                                 |  | <b>9. Election Campaign Financing</b> <b>\$5.00 May Be</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b> |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                                 | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>     |  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>COMMERFORD, PAUL<br>800 20TH PL.<br>VERO BEACH FL 32960 | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VSTD<br>KRUSE, DARRELL<br>800 20TH PL.<br>VERO BEACH FL 32960 | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |   | <input type="checkbox"/> Delete |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |



1st MOORE CR2E034 (10/04)

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CLARK, ROBERT C  
1936 14TH AVE.  
VERO BEACH FL 32960

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**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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Trust Fund Contribution. ☐

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

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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CITY - ST - ZIP

PD  
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800 20TH PL.  
VERO BEACH FL 32960

☐ Delete

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CITY - ST - ZIP

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VERO BEACH FL 32960

☐ Delete

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☐ 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)(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 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Darrell D. Kruse*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05  
Date

(888) 685 7111  
Daytime Phone #