

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000000877

1. Entity Name
CAPITAL DATA CONSULTING, INC.



Principal Place of Business
2706 ALT. US 19N
STE 205
PALM HARBOR, FL 34683

Mailing Address
PO BOX 2248
PALM HARBOR, FL 34682



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3355317

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORNGA, JOHN C
2706 ALT US 19
STE 205
PALM HARBOR, FL 34683

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

John Tornga

John Tornga

4.27.6

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

(NOTE: Registered agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000544254
05/11/06-80031-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	TORNGA, DEBRA L
STREET ADDRESS	1901 SADDLE HILL RD N
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	P
NAME	TORNGA, JOHN C
STREET ADDRESS	1901 SADDLE HILL RD. N.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

John Tornga

John Tornga

4.27.6

727 7816023

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #