2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000049472

1. Entity Name
PRO-TECH DATA SERVICES, INC.

Principal Place of Business	Mailing Address
973 BRAMBLE BUSH CIRCLE WEST PORT ORANGE, FL 32127	P.O. BOX 291183 PORT ORANGE, FL 32129

DO NOT WRITE IN THIS SPACE

01212006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3374474	Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO, HARRIET G
2608 SE WILLOUGHBY BLVD
STUART, FL 34994

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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 _____

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, 2006 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISBERG, STEVE
STREET ADDRESS	205 STRATFORD DR
CITY-ST-ZIP	WINTER SPRINGS, FL 32708

TITLE	D
NAME	SNOWDEN, NANCY
STREET ADDRESS	6319 E EXETER BLVD
CITY-ST-ZIP	SCOTTSDALE, AZ 85251

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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04/29/06-80107-023 150.00

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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: _____ NANCY A SNOWDEN   1-25-06   480-970-6486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #