## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000097787

Entity Name: PROFESSIONAL DATA STORAGE & DELIVERY, INC.

FILED Sep 14, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

680 ATLANTIS RD MELBOURNE, FL 32904

Current Mailing Address: New Mailing Address:

4720 FLAGLER DR
W PALM BEACH, FL 34407

680 ATLANTIS RD
MELBOURNE, FL 32904

FEI Number: 65-0710095 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAMOT, ALBERT
315 5TH STREET
WEST PALM BEACH, FL FL33401 US
CORBETT, JEANNETTE M
680 ATLANTIS RD
MELBOURNE, FL 32904 US

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.

SIGNATURE: JEANNETTE M. CORBETT 09/14/2004

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition CORBETT, JEANETTE CORBETT, JEANNETTE M Name: Name: 4720 POINSETTIA AVE 7665 S HIGHWAY A1A Address: Address: MELBOURNE BEACH, FL 32951 City-St-Zip: W PALM BEACH, FL 33407 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

 Name:
 HAWORTH, CHRISTOPHER
 Name:
 HAWORTH, JAMES C

 Address:
 1317 SE 16TH ST
 Address:
 1317 SE 16TH ST

 City-St-Zip:
 OCALA, FL 34471
 City-St-Zip:
 OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEANNETTE M. CORBETT P 09/14/2004