

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 28, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P97000039755**

1. Entity Name  
**DATA REVIEW, INC.**



Principal Place of Business  
**P.O. BOX 1840  
GOLDENROD, FL 32733-1840**

Mailing Address  
**P.O. BOX 1840  
GOLDENROD, FL 32733-1840**



01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3449636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**SOMERSTEIN, MARK  
200 E. BROWARD BLVD. 18TH FLOOR  
STE 1100  
FORT LAUDERDALE, FL 33301**

**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 \_\_\_\_\_

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	DTS
NAME	CARROL, PATTI
STREET ADDRESS	P.O. BOX 1840
CITY-ST-ZIP	GOLDENROD, FL 327331840

TITLE	P
NAME	SCHMIDT, CHERYL
STREET ADDRESS	PO BOX 1840
CITY-ST-ZIP	GOLDENROD, FL 32733

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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NAME	
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CITY-ST-ZIP	

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01/28/05-80069-015 150.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Cheryl Schmidt, Pres.* 1/18/05 407-672-0330

Date

Daytime Phone #