

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000024248

FILED
Apr 13, 2007
Secretary of State

Entity Name: TECH DATA FLORIDA SERVICES, INC.

Current Principal Place of Business:

5350 TECH DATA DRIVE
CLEARWATER, FL 33760

New Principal Place of Business:

Current Mailing Address:

5350 TECH DATA DRIVE
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3562971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VETTER, DAVID R
5350 TECH DATA DR.
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAMNECK, KENNETH
Address: 5350 TECH DATA DR.
City-St-Zip: CLEARWATER, FL 33760

Title: CEO () Delete
Name: HOWELLS, JEFFERY P
Address: 5350 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: DANNEWITZ, CHARLES V
Address: 5350 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: SVPS () Delete
Name: VETTER, DAVID R
Address: 5350 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: SVP () Delete
Name: ZAVA, MICHAEL E
Address: 5350 TECH DATA DRIVE
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID VETTER

SVPS

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date