

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000028285

1. Entity Name
DATA FINANCIAL SYSTEMS, INC.



FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business
9789 W. SAMPLE RD.
CORAL SPRINGS, FL 33065

Mailing Address
9789 W. SAMPLE RD.
CORAL SPRINGS, FL 33065



08012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0912914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FELDMAN, HARVEY I
5000 N.W. 104TH WAY
CORAL SPRINGS, FL 33076

**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)

U000000956995

08/04/08-80003-021 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FELDMAN, HARVEY I
STREET ADDRESS	5000 N.W. 104TH WAY
CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	VP
NAME	GOLDEN, STEPHEN
STREET ADDRESS	14 MILES DRIVE
CITY-ST-ZIP	QUINCY, MA 02169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Harvey I. Feldman HARVEY I. FELDMAN 8/29/08 954-461-5604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #