

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052362

FILED
Apr 29, 2005
Secretary of State

Entity Name: DATAMAXX PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3580702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEPHENSON, KAY
2001 DRAYTON DRIVE
TALLAHASSEE, FL 32311 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: CCEO () Delete
Name: STEPHENSON, KAY L
Address: 4988 O'SHEA COURT
City-St-Zip: TALLAHASSEE, FL 32309

Title: DVS () Delete
Name: TIMS, STEPHEN D
Address: 3736 IVY GREEN TRAIL
City-St-Zip: TALLAHASSEE, FL 32311

Title: D () Delete
Name: WATERS, KATHRYN
Address: 3900 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: AS () Delete
Name: WATERS, JONATHAN
Address: 3900 ROYAL OAKS DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: DPCO () Delete
Name: LAKE, CHRISTINA
Address: 10112 WATERS MEET DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TREA () Delete
Name: POULOS, CHRISTINA
Address: 6383 PISGAH CHURCH ROAD
City-St-Zip: TALLAHASSEE, FL 32309

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: AS (X) Change () Addition
Name: WATERS, JONATHAN
Address: 1572 CHINA GROVE TRAIL
City-St-Zip: TALLAHASSEE, FL 32301

Title: DPCO (X) Change () Addition
Name: LAKE, CHRISTINA
Address: 2116 FERNLEIGH DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

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 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: CHRISTINA POULOS

TREA

04/29/2005

Electronic Signature of Signing Officer or Director

Date