


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S58754</b> 1. Entity Name <b>B &amp; A DATA SERVICES INC.</b>			
Principal Place of Business <b>4826-B WOODLANE CIRCLE TALLAHASSEE, FL 32303 US</b>		Mailing Address <b>4826-B WOODLANE CIRCLE TALLAHASSEE, FL 32303 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 03022004 No Chg-P CR2E034 (10/03)	
		4. FEI Number <b>59-3074136</b> Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PAYTON, BUDDY J. 4826-B WOODLANE CIRCLE TALLAHASSEE, FL 32303</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		U000000112138 04/14/04-80011-004 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	P		
NAME	PAYTON, BUDDY J.		
STREET ADDRESS	4826-B WOODLANE CIRCLE		
CITY- ST- ZIP	TALLAHASSEE, FL 32303		
TITLE	ST		
NAME	PAYTON, ALICE		
STREET ADDRESS	4826-B WOODLANE CIRCLE		
CITY- ST- ZIP	TALLAHASSEE, FL 32303		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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: 		Buddy Payton, President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/12/04 Daytime Phone # 850-562-3282	