2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90329 005 ***150.00

DOCUMENT # V22843

1. Entity Name
DATA SYSTEMS INTEGRATORS, INC.

Principal Place of Business	Mailing Address
489 S INDIANA AVE ENGLEWOOD, FL 34223	489 S INDIANA AVE ENGLEWOOD, FL 34223

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
350 S. Indiana Ave.	350 S. Indiana Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Englewood, FL	City & State: Englewood, FL
Zip: 34223 Country: Sarasota	Zip: 34223 Country: Sarasota

4. FEI Number 59-3115337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WANNER, LYSA 489 S INDIANA AVE ENGLEWOOD, FL 34223	Name: Lysa Wanner Street Address (P.O. Box Number is Not Acceptable): 350 S. Indiana Ave. City: Englewood FL Zip Code: 34223

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: Lysa Wanner DATE: 4/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD WANNER, GREGORY P. 489 S INDIANA AVE ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS: 350 S. Indiana Ave. / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD WANNER, LYSA J. 489 S INDIANA AVE ENGLEWOOD, FL 34223	☐ Delete	TITLE / NAME / STREET ADDRESS: 350 S. Indiana Ave. / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Gregory Paul Wanner President — 4/26/04 — 941-474-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Gregory Paul Wanner, President