


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 604088
 1. Entity Name
 W. KELLY SMITH, P.A.



Principal Place of Business
 255 S. ORANGE AVENUE
 SUITE 800
 ORLANDO, FL 32801 US

Mailing Address
 P.O. BOX 2254
 ORLANDO, FL 32802-254 US

DO NOT WRITE IN THIS SPACE



01142005 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-1438112 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 W. KELLY SMITH
 255 S. ORANGE AVENUE, SUITE 800
 ORLANDO, FL 32801

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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 _____ DATE _____
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, 2005 Fee will be \$550.00

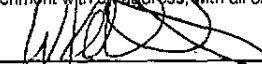
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, L R 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, KEVIN K 255 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 my address, with all other like empowered.

SIGNATURE:  **W. Kelly Smith, President** **1/14/04** **407-843-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #