


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 08:00 AM
Secretary of State

DOCUMENT # G94383

1. Entity Name
WHARTON-SMITH, INC.



Principal Place of Business 750 COUNTY RD 15 BOX 471028 LAKE MONROE, FL 32747-8028	Mailing Address 750 COUNTY RD 15 BOX 471028 LAKE MONROE, FL 32747-8028
---	---

DO NOT WRITE IN THIS SPACE



03302004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2392802	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, GEORGE E.
750 COUNTY RD 15
LAKE MONROE, FL 32747

**DO NOT WRITE
IN THIS SPACE**

B. 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 _____

**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

U00000102091
04/02/04-80040-004 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GEORGE E. 2333 ALAQUA DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHARTON, WILLIAM R. 120 LAKE DESTINY TRAIL ALTAMONTE SPGS., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PALMER, ERICKSON H 1531 SUNSET DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROBINSON, WILLIAM C JR 307 FOX VALLEY DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVOLI, RONALD F. 1644 EAGLE NEST CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCURDY, CHARLES A 4600 NEBRASKA AVE SANFORD, FL 32771

**DO NOT WRITE
IN THIS SPACE**

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: William C Robinson Jr WILLIAM C ROBINSON JR 3/4/04 (407) 321-8410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #