2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94383

Entity Name: WHARTON-SMITH, INC.

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
750 COUN BOX 47102 LAKE MON		7478028			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
750 COUN BOX 47102 LAKE MON		7478028			
FEI Number:	59-2392802	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
SMITH, GE 750 COUN LAKE MON		747 US			
	named entity of Florida.	submits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:					
	Electro	onic Signature of Registered Age	nt	Date	
Election Can	npaign Financi	ng Trust Fund Contribution ().			
OFFICERS	S AND DIRE	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SMITH, GEOF 2333 ALAQUA LONGWOOD,	A DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WHARTON, V 120 LAKE DE ALTAMONTE	STINY TRAIL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (PALMER, ERI 1531 SUNSET WINTER PAR	r dr	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (ROBINSON, V 307 FOX VAL LONGWOOD,	LEY DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAVOLI, RON 1644 EAGLE) Delete ALD F. NEST CIRCLE INGS, FL 32708	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (MCCURDY, C 4600 NEBRAS SANFORD, FI	SKA AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: WILLIAM C ROBINSON JR S

01/04/2005