

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 14, 2004  
Secretary of State**

DOCUMENT# N02000005852

Entity Name: SMART FIGHTER INSTITUTE, INC.

**Current Principal Place of Business:**

205 N GARDEN AVE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 397  
CLEARWATER, FL 33757

**New Mailing Address:**

FEI Number: 51-0418383      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOOZE, TINA L  
1524 LINWOOD DRIVE  
CLEARWATER, FL 33755      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BOOZE, TYRONE L SR.  
Address: P.O. BOX 397  
City-St-Zip: CLEARWATER, FL 33757

Title: T      ( ) Delete  
Name: BOOZE, TINA  
Address: 1524 LINWOOD DRIVE  
City-St-Zip: CLEARWATER, FL 33755

Title: S      ( ) Delete  
Name: RUTLEDGE, LAFRETTA F  
Address: 1312 MARY L RD  
City-St-Zip: CLEARWATER, FL 33755

Title: D      ( ) Delete  
Name: SHARNIK, MORT  
Address: P.O. BOX 397  
City-St-Zip: CLEARWATER, FL 33757

Title: O      ( ) Delete  
Name: NIETO, DEBBIE G  
Address: 2610 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

Title: P      ( ) Delete  
Name: O'NEAL, DR. MICHAEL  
Address: 2702 TAMPA RD.  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TINA BOOZE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

05/14/2004

\_\_\_\_\_  
Date