


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N29702 1. Entity Name LES AND JUDY SMOUT FOUNDATION, INC.	
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Principal Place of Business %LES SMOUT 100 N. STARCREST CLEARWATER FL 33765 US	Mailing Address %LES SMOUT 100 N. STARCREST CLEARWATER FL 33758 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0118624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SMOUT, LES
100 N. STARCREST
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDT SMOUT, LES 100 N. STARCREST CLEARWATER FL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000080759 03/08/04-80122-012 61.25
NAME	SMOUT, LES	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N. STARCREST	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D SMOUT, JUDY	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMOUT, JUDY	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N. STARCREST	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HEYMAN, JANET S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEYMAN, JANET S	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N. STARCREST	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D GRUDIS, JOANNE S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUDIS, JOANNE S	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 N STARCREST DR	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	CLEARWATER FL	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **LES R SMOUT** 3-4-04 727 461 1524

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