

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90078 039 ***150.00

DOCUMENT # P02000133770

1. Entity Name

HARSEN A. SMITH, JR., TRUSTEE, INC.



Principal Place of Business

**915 MIDDLE RIVER DRIVE SUITE 206
FORT LAUDERDALE FL 33306**

Mailing Address

**915 MIDDLE RIVER DRIVE SUITE 206
FORT LAUDERDALE FL 33306**

2. Principal Place of Business

915 Middle River Dr.

Suite, Apt. #, etc.

Suite 321

City & State

Ft. Lauderdale, Fla.

3. Mailing Address

915 Middle River Dr.

Suite, Apt. #, etc.

Suite 321

City & State

Ft. Lauderdale



1st MOORE

CR2E034 (10/04)

4. FEI Number

04-3735958

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, HARSEN A JR
915 MIDDLE RIVER DRIVE SUITE 206
FORT LAUDERDALE FL 33306**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

915 Middle River Dr. Suite 321

City

Ft. Lauderdale,

FL

Zip Code

33304

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, HARSEN A JR**
CITY-ST-ZIP **915 MIDDLE RIVER DRIVE SUITE 206
FORT LAUDERDALE FL 33306**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **915 Middle River Dr. Suite 321**
CITY-ST-ZIP **Ft. Lauderdale, FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-05

954-566-6314