

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681464

FILED
Mar 22, 2004
Secretary of State

Entity Name: CRAIG A. SMITH & ASSOCIATES, INC.

Current Principal Place of Business:

1000 W. MCNAB RD.
SUITE 200
POMPANO BCH., FL 33069

New Principal Place of Business:

Current Mailing Address:

1000 W. MCNAB RD.
SUITE 200
POMPANO BCH., FL 33069

New Mailing Address:

FEI Number: 59-2010476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CRAIG A.
1000 W MCNAB RD
STE 200
POMPANO BCH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: SMITH, CRAIG A,
Address: 1900 SOUTH OCEAN BLVD APT 8F
City-St-Zip: POMPANO BEACH, FL

Title: SD () Delete
Name: SMITH, STEPHEN C.,
Address: 9960 MAJORCA PL
City-St-Zip: BOCA RATON, FL

Title: VD () Delete
Name: MILITA, M. DALE,
Address: 36910 3RD ST.
City-St-Zip: CANAL POINT, FL

Title: PD () Delete
Name: SCHRINER, GENE R.,
Address: 1975 SOUTH CLUB DRIVE
City-St-Zip: W. PALM BEACH, FL

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:

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: STEPHEN C. SMITH

SD

03/22/2004

Electronic Signature of Signing Officer or Director

Date