


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 8:00 am**  
**Secretary of State**

01-06-2005 90001 032 \*\*\*150.00

**DOCUMENT # 134206**  
 1. Entity Name  
**SMYTH ENTERPRISES, INC.**



Principal Place of Business  
**3362 ALL AMERICAN BLVD.  
 ORLANDO, FL 32810**

Mailing Address  
**P.O. Box 607399  
 ORLANDO, FL 32860**

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

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01032005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-0453615** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMYTH, DONALD J, JR.  
 3362 ALL AMERICAN BLVD.  
 ORLANDO, FL 32810**

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: *Donald J. Smyth Jr* **DONALD J. SMYTH JR** DATE: **1-3-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMYTH JR, DONALD J 3362 ALL AMERICAN BLVD. ORLANDO, FL 32860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRES DONALD J. SMYTH JR 3362 ALL AMERICAN BLVD ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete SMYTH, JAMES R 3362 ALL AMERICAN BLVD. ORLANDO, FL 32860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <input type="checkbox"/> Delete SMYTH, KENNETH M 3362 ALL AMERICAN BLVD. ORLANDO, FL 32860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <input type="checkbox"/> Delete SMYTH, MICHAEL D. 3362 ALL AMERICAN BLVD. ORLANDO, FL 32860	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(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: *Donald J. Smyth Jr* **DONALD J. SMYTH JR** DATE: **1-3-05** DAYTIME PHONE #: **407-491-264 x1252**

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