

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 301199</b> 1. Entity Name <b>SMOAK BROTHERS, INC.</b>					
Principal Place of Business <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>			Mailing Address <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1111708</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SMOAK, EDWARD L. 408 LAKE JUNE DR LAKE PLACID, FL 33852</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>			10. OFFICERS AND DIRECTORS		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			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 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.		
TITLE PD NAME SMOAK, EDWARD L. STREET ADDRESS 408 LAKE JUNE DR CITY-ST-ZIP LAKE PLACID, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VSTD NAME SMOAK, JOHN F., JR. STREET ADDRESS 6995 STATE ROAD 66 CITY-ST-ZIP ZOLFO SPGS., FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE AS NAME EURES, LEIGH S. STREET ADDRESS 1025 COUNTY ROAD 17 N. CITY-ST-ZIP LAKE PLACID, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME SMOAK, ANNE G STREET ADDRESS 408 LAKE JUNE DRIVE CITY-ST-ZIP LAKE PLACID, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D NAME SMOAK, PHYLLIS L. STREET ADDRESS 6995 SR 66 CITY-ST-ZIP ZOLFO SPRINGS, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SIGNATURE: _____ <b>Edward L. Smoak, President</b>					
4/22/05				863-465-2561	