

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 383041

1. Entity Name
MCSMITH, INC.



Principal Place of Business

**2440 ROBERTA LANE
CLEARWATER, FL 33764 US**

Mailing Address

**2440 ROBERTA LANE
CLEARWATER, FL 33764 US**



04252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FBI Number
59-1360980

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILSON, JOY LEE
2440 ROBERTA LANE
CLEARWATER, FL 33764**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, CHRISTOPHER J
2298 CHAUCER STREET
CLEARWATER, FL 33765**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DSTV
WILSON, JOY LEE
2440 ROBERTA LN
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
WILSON, LANCE
2440 ROBERTA LN.
CLEARWATER, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, MARK JARED
2440 ROBERTA LANE
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
WILSON, TRAVIS R
2440 ROBERTA LANE
CLEARWATER, FL 33764**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

04/30/04 08:00
04/30/04-80104-023 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LANCE WILSON

4/27/04

927-535-1339

Date

Daytime Phone #