

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 588216 1. Entity Name SMITH, FEDDELER, SMITH & MILES, P.A.	
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Principal Place of Business 832 SOUTH FLORIDA AVE. LAKELAND, FL 33801 US	Mailing Address PO DRAWER 1089 LAKELAND, FL 33802-1089 US
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1847584	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H GUY
832 SOUTH FLORIDA AVE.
LAKELAND, FL 33801

**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	P SMITH, GUY H 8325 FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FEDDELER, CARL 832 S. FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, BRADLEY G 832 S FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILES, LAURIE T 832 S FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/04-80058-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

H. Guy Smith

4/30/04

Date

(863) 688-7766

Daytime Phone #