

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 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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04262005 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
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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, 2005 Fee will be \$550.00

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

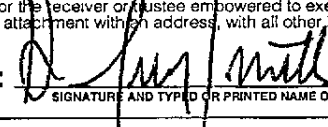
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, GUY H 8325 FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FEDDELER, CARL 832 S. FLORIDA AVE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, BRADLEY G 832 S FLORIDA AVE LAKELAND, 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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05/03/05-80062-010 150.00

**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

4/28/05
Date

863/688-7766
Daytime Phone #