


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

1/

FILED
Mar 02, 2005 8:00 am
Secretary of State

01-25-2005 90037 040 ***103.00
03-02-2005 90076 001 ****47.00

DOCUMENT # 597222 1. Entity Name PAXTON & SMITH P.A.	
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Principal Place of Business 1615 FORUM PLACE STE. 500 WEST PALM BEACH, FL 33401	Mailing Address 1615 FORUM PLACE STE. 500 WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1866203	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**LIOCE, DOMENICK R.
1645 PALM BEACH LAKES BLVD.
STE. 1200
WEST PALM BCH., FL 33401**

**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 _____ (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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. SMITH, CLARK W. 194 THORNTON DRIVE PALM BEACH GARDENS, FL
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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:  **1/20/05 (56) 684-2121**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLARK W. SMITH