

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 604088**

1. Entity Name  
W. KELLY SMITH, P.A.



Principal Place of Business  
255 S. ORANGE AVENUE  
SUITE 800  
ORLANDO, FL 32801 US

Mailing Address  
P.O. BOX 2254  
ORLANDO, FL 32802-254 US



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1438112

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

W. KELLY SMITH  
255 S. ORANGE AVENUE, SUITE 800  
ORLANDO, FL 32801

**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  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
SMITH, W. KELLY  
255 S. ORANGE AVE., SUITE 800  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
SMITH, L R  
255 S. ORANGE AVE., SUITE 800  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SMITH, W. KELLY  
255 S. ORANGE AVE., SUITE 800  
ORLANDO, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SMITH, KEVIN K  
255 S. ORANGE AVENUE, SUITE 800  
ORLANDO, FL 32802

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000185807  
01/21/05-80036-014 150.00

**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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

W. Kelly Smith, President

1/14/04

407-843-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #