

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90005 011 \*\*\*150.00

**DOCUMENT # 674306**

1. Entity Name

H.A. SMITH & ASSOCIATES, INC.



Principal Place of Business

7616 ELMRIDGE DRIVE  
BOCA RATON FL 33433  
US

Mailing Address

7616 ELMRIDGE DRIVE  
BOCA RATON FL 33433  
US

2. Principal Place of Business

8640 VIA ANCHO ROAD

Suite, Apt. #, etc.

BOCA RATON, FL 33433

City & State

3. Mailing Address

8640 VIA ANCHO ROAD

Suite, Apt. #, etc.

BOCA RATON, FLORIDA

City & State

Zip

33433

Country

USA

Zip

33433

Country

USA

4. FEI Number

59-2140553

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, HAROLD  
7616 ELMRIDGE DRIVE  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

SMITH, HAROLD

Street Address (P.O. Box Number is Not Acceptable)

8640 VIA ANCHO ROAD

City

BOCA RATON

FL

Zip Code

33433

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 HAROLD SMITH

Signature, typed or printed name of registered agent and title if applicable

*Harold Smith*

(NOTE: Registered Agent signature required when reinstating)

4/5/04

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete  
NAME SMITH, HAROLD  
STREET ADDRESS 7616 ELMRIDGE DRIVE  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 8640 VIA ANCHO ROAD  
CITY-ST-ZIP BOCA RATON, FL. 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Harold Smith*

HAROLD A. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/04

DATE

561-289-2899

Daytime Phone #