


**2005 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 687843
1. Entity Name
LLOYD SMITH, III AND ASSOCIATES, INC.



Principal Place of Business Mailing Address
1336 SEA MARSH COVE 1336 SEA MARSH COVE
AMELIA ISLAND, FL 32034 US AMELIA ISLAND, FL 32034 US

DO NOT WRITE IN THIS SPACE



03032005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2035592 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASBURY, TOM
3655 LEEWOOD LANE
JACKSONVILLE, FL 32217

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

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	PD
NAME	SMITH, III, LLOYD
STREET ADDRESS	1336 SEA MARSH COVE
CITY-ST-ZIP	AMELIA, FL 32034
TITLE	VPT
NAME	SMITH, MARIE
STREET ADDRESS	1336 SEA MARSH COVE
CITY-ST-ZIP	AMELIA, FL 32034
TITLE	VPS
NAME	NIX, BARRY
STREET ADDRESS	2312 WASHINGTON ROAD
CITY-ST-ZIP	AUGUSTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000252931
03/07/05-80014-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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] President 3/2/05 (904)261-1092
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #