2004 FOR PROFIT CORPORATION

FILED Feh 25. 2004 08:00 AM

_	ANNUAL	REPORT		•		cretary of State
DOCUMENT # F0000006320 1. Entity Name R.W. SMITH & ASSOCIATES, INC.					·	Tetaly of State
Principal Place 10604 NE 39 SUITE 125 KIRKLAND, W		Meiling Address 10604 NE 38TH PLACE SUITE 125 KIRKLAND, WA 98033-7932	.74.] 		
ם	OO NOT WRITE		CE	02032004 4. FEI Number 91-129	No Chg-P	CR2E034 (10/03) Applied For Not Applicabl Fee Required
	6. Name and Address of Current Re	gistered Agent		_		
COBB, PHILIP N 8550 ULMERTON ROAD SUITE 201 LARGO, FL 33771			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the	ne purpose of changing its register	red office or register	red agent, or bo	th, in the State of Flo	orida. I am familiar with, and accep
the obligati	tions of registered agent.					
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Register	ed Agent signature required	d when reinstating)		DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DI	RECTORS	1	<u> </u>		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PCSD SMITH, RICHARD W 10604 NE 38TH PLACE STE 125 KIRKLAND, WA 980337932				<u>U0000</u> ₹02/25/04	0065984 -80059-017 158.75
TITLE NAME STREET ADDRESS CITY: ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP					NOT W	
TITLE NAME STREET ADDRESS CITY - ST-ZIP				THIS SF	PACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP						
time		-	I			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayume Phone #

NAME STREET ADDRESS CITY-ST-ZIP