

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # F49431

1. Entity Name

INK-SMITH-SOUTH, INC.



**FILED
Apr 12, 2005 8:00 am
Secretary of State**

04-12-2005 90120 049 ***150.00

Principal Place of Business

1508 W. 53RD ST.
MANGONIA PARK FL 33407
US

Mailing Address

1508 W. 53RD ST.
MANGONIA PARK FL 33407
US

NEW ADDRESS

2. Principal Place of Business

1961 W. 9TH ST.

3. Mailing Address

1961 W. 9TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

RIVIERA BEACH FL.

City & State

RIVIERA BEACH FL.

4. FEI Number

36-3153415

Applied For
Not Applicable

Zip

33404

Country

U.S.A

Zip

33404

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INK, TIMOTHY A
5349 CEDAR LAKE RD
#12-17
BOYNTON BEACH FL 33437

SAME

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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

R. L. Ink Poes

4-5-05

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, TIMOTHY A		NAME	
STREET ADDRESS	5349 CEDAR LAKE RD. #12-17		STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, RICHARD K		NAME	
STREET ADDRESS	698 SW 1 CON AVE		STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, PAMELA A		NAME	
STREET ADDRESS	698 SW 1 CON AVE		STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

R. L. Ink Poes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-05

Date

Daytime Phone #