


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F58673</b> 1. Entity Name <b>CUNNINGHAM &amp; SMITH, INC.</b>	
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Principal Place of Business 3306 N HIGHWAY U.S. 1 VERO BEACH, FL 32960	Mailing Address 3306 N HIGHWAY U.S. 1 VERO BEACH, FL 32960
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03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2151946</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  STEWART, WILLIAM J 3355 OCEAN DRIVE VERO BEACH, FL 32963
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP CUNNINGHAM, JERRY A. 19 TARPON DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SMITH, RENNIE 231 BINNACLE PT VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CUNNINGHAM, PALMA G. 19 TARPON DRIVE VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CUNNINGHAM, JEFF A 985 29TH COURT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>1100000285221 04/02/05-80036-013 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Jeff A. Cunningham Stacy A. Cunningham 3-31-05 772-562-2142  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #