

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F59077

1. Entity Name
SMITTY'S GARAGE, INC.



Principal Place of Business

**% SARAH J SMITH
11084-70TH AVENUE NORTH
SEMINOLE, FL 33772 US**

Mailing Address

**% SARAH J SMITH
11084-70TH AVENUE NORTH
SEMINOLE, FL 33772 US**



03012004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2150419

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, SARAH J
11084-70TH AVENUE NORTH
SEMINOLE, FL 33772**

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000082395
03/09/04-80028-009 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
SMITH, RICHARD E
8095 NIGHTINGALE LANE
SEMINOLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, SARAH J
11098 70TH AVE NO
SEMINOLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SMITH, WILLIAM R
8954-78TH AVE N
SEMINOLE, FL 00000**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-04

Date

Daytime Phone #