

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90032 027 ***150.00

DOCUMENT # F62122 1. Entity Name LAW OFFICES HAROLD D. SMITH, P.A.					
Principal Place of Business 701 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33334 US			Mailing Address 701 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33334 US		
2. Principal Place of Business 12050 Wedge Drive Suite, Apt. #, etc.		3. Mailing Address 12050 Wedge Drive Suite, Apt. #, etc.			
City & State Fort Myers, FL Zip 33913 Country Lee		City & State Fort Myers, FL Zip 33913 Country Lee		4. FEI Number 59-2162728	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SMITH, HAROLD D-- 701 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12050 Wedge Drive City Fort Myers FL Zip Code 33913		
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. <i>Harold D. Smith</i> SIGNATURE: Harold D. Smith Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, HAROLD D 701 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33334	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, BETTY J 701 E COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33334	☐ Delete			
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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: <i>Harold D. Smith</i> Harold D. Smith <i>April 5, 2005</i> (239) 561-2222 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					