

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F64604

1. Entity Name
EDWARD L. SMOAK, INCORPORATED



Principal Place of Business

% EDWARD L. SMOAK
1025 COUNTY RD 17 N
LAKE PLACID, FL 33852

Mailing Address

% EDWARD L. SMOAK
1025 COUNTY RD 17 N
LAKE PLACID, FL 33852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-2191605

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMOAK, EDWARD L
1025 COUNTY RD 17 N
LAKE PLACID, FL 33852

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

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: ☐ Delete
NAME: SMOAK, EDWARD L
STREET ADDRESS: 1025 COUNTY RD 17 N
CITY-ST-ZIP: LAKE PLACID, FL

TITLE: ☐ Delete
NAME: SMOAK, ANNE G.
STREET ADDRESS: 408 LAKE JUNE DR
CITY-ST-ZIP: LAKE PLACID, FL

TITLE: ☐ Delete
NAME: EURES, LEIGH S
STREET ADDRESS: 1025 COUNTY RD. 17 NORTH
CITY-ST-ZIP: LAKE PLACID, FL

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: U00000506329
CITY-ST-ZIP: 04/27/06-80015-010 150.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Edward L. Smoak
SIGNATURE OF SIGNING OFFICER OR DIRECTOR

4/10/06

Date

863-465-2561

Daytime Phone #