## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

1. Entity Nam	MENT # F64725 er smith III, P.A.				Secretary of State
Principal Place of Business 515 NORTH FLAGLER D R SUITE 401 W PALM BCH., FL 33401		Mailing Address PO BOX 3003 WEST PALM BEACH, FL 33402-3003		 	XI 8( ) 5/8(  8/8) 8/8) 8/8/ 8/8/ 8/8/ 8/8/ 8/8/
С	OO NOT WRITE I		CE	01122005 No Chg-P  4. FEI Number 59-2165184  5. Certificate of Status Desire	Applied For Not Applicable
6. Name and Address of Current Registered Agent					
SMITH III, D. CULVER 515 NORTH FLAGLER DR SUITE 401 W PALM BCH., FL 33401				DO NOT IN THIS S	
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 with				when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				00 May Be	
10.	— OFFICERS AND DIRE	CTORS	·, -		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH III, D'CULVER 515 NORTH FLAGLER DR W PALM BCH., FL 33401				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				000 01/19/	000183280 U5-80053-005 15 <b>0.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/05

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