


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F97000000985 1. Entity Name SMITH ENGINES, INC.	
--	---

Principal Place of Business 2303 PREMIER ROW ORLANDO, FL 32809	Mailing Address 2303 PREMIER ROW ORLANDO, FL 32809
--	--

**DO NOT WRITE IN THIS SPACE**



06282005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1576428	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent  ROBERTS, WILLIAM 2301 PREMIER ROW #101 ORLANDO, FL 32809
---

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DC SMITH, GEORGE R JR 2211 RICHARDSON DR. CHARLOTTE, NC 28211
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S GORDON, NEIL 823 WINGRAVE DRIVE CHARLOTTE, NC 28270
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SMITH, ROBINSON G III 3319 SUNNYBROOK DR. CHARLOTTE, NC 28210
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

UD00000369864  
06/30/05-80001-014 150.00

**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)(f), 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: <u>Neil Gordon</u> NEIL GORDON CONTROLLER 6/28/05 704-392-3100	Date	Daytime Phone #
---	------	-----------------