

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # G74420 1. Entity Name X.S. SMITH OF FLORIDA, INC.		
Principal Place of Business 2122 WHITFIELD PARK AVE SARASOTA, FL 34243-4048		Mailing Address 2122 WHITFIELD PARK AVE SARASOTA, FL 34243-4048
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SALT, TERRI, JAYNE % WILLIAMS PARKER HARRISON DIETZ & GETZEN 1550 RINGLING BOULEVARD SARASOTA, FL 34230-3258		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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, RICHARD W., JR. 2122 WHITFIELD PARK AVE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB SMITH, RICHARD W., SR. 2122 WHITFIELD PARK AVE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, BARBARA J. 2122 WHITFIELD PARK AVE SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DIFIORE, CHERYL A 2122 WHITFIELD PARK AVE. SARASOTA, FL 34243	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD THOMPSON, SCOTT S 2122 WHITFIELD PARK AVE. SARASOTA, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u><i>Cheryl A. Difiore</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/21/05</u> <u>732-222-4600</u> Date Daytime Phone #



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2391528	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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04/25/05-80093-003 150.00

**DO NOT WRITE
IN THIS SPACE**