

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90001 021 ***150.00

DOCUMENT # G92430

1. Entity Name

SMILEY ENTERPRISES, INC.



Principal Place of Business

1282 BARRETT ROAD
FORT MYERS FL 33903

Mailing Address

1282 BARRETT ROAD
FORT MYERS FL 33903

2. Principal Place of Business

13333 Queen palm Run

3. Mailing Address

13333 Queen palm Run

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

N. Ft. Myers, Florida

Zip

33903

Country

Lee

Zip

33903

Country

Lee

4. FEI Number

59-2420795

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMILEY, DONALD V.
1282 BARRETT ROAD
FORT MYERS FL 33903

7. Name and Address of New Registered Agent

Name

Same - Donald V. Smiley

Street Address (P.O. Box Number is Not Acceptable)

13333 Queen palm Run

N. Fort Myers, Florida

City

FL

Zip Code

33903

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.

Donald V. Smiley

SIGNATURE

Donald V. Smiley - President

Donald V. Smiley

Feb. 3, 2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signatures required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMILEY, DONALD V.
STREET ADDRESS 12860 TREELINE CT.
CITY-ST-ZIP N. FT. MYERS FL ☐ Delete

TITLE SD
NAME SMILEY, RITA E.
STREET ADDRESS 12860 TREELINE CT.
CITY-ST-ZIP N. FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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:

Donald V. Smiley, President

Donald V. Smiley 2-3-2004

239-997-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #