


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # G92430		
1. Entity Name SMILEY ENTERPRISES, INC.		

Principal Place of Business 13333 QUEEN PALM RUN FORT MYERS FL 33903	Mailing Address 13333 QUEEN PALM RUN FORT MYERS FL 33903
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2. Principal Place of Business 13333 Queen Palm Run Suite, Apt. #, etc.	3. Mailing Address 13333 Queen Palm Run Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State North Fort Myers, FL	City & State North Fort Myers, FL	4. FEI Number 59-2420795	Applied For <input type="checkbox"/> Not Applicable
Zip 33903	Country Lee	Zip 33903	Country Lee

6. Name and Address of Current Registered Agent SMILEY, DONALD V. 13333 QUEEN PALM RUN FORT MYERS FL 33903	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMILEY, DONALD V. 13333 QUEEN PALM RUN NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 000000407128 02/08/06-80003-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMILEY, RITA E. 13333 QUEEN PALM RUN NORTH FORT MYERS FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Donald V. Smiley **Donald V. Smiley, Pres.** **1-27-2006** **232-997-8801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #