

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H08446

1. Entity Name

SMITH & FREEMAN, P.A.



Principal Place of Business

28100 US HWY 19 N
SUITE 408
CLEARWATER, F 33761 US

Mailing Address

28100 US HWY 19 N
SUITE 408
CLEARWATER, FL 33761 US



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2412884

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FREEMAN, JAMES W. JR.
28100 US HWY 19 N
SUITE 408
CLEARWATER, FL 33761

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000545343
05/11/06-80074-012 150.00

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SMITH, GREGORY J. JR.
STREET ADDRESS 28100 US 19 N STE 408
CITY-ST-ZIP CLEARWATER, FL

TITLE DST
NAME FREEMAN, JAMES W. JR.
STREET ADDRESS 28100 US HWY. 19 N. STE 408
CITY-ST-ZIP CLEARWATER, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 727-725-2727
Date Daytime Phone #