2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08665

Entity Name: SMITH BUSINESS SERVICES, INC.

FILED Apr 20, 2005 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

320 W. CERVANTES ST.
PENSACOLA, FL 32501

320 W. CERVANTES ST.
PENSACOLA, FL 32501 US

Current Mailing Address: New Mailing Address:

320 W. CERVANTES ST. 5605 VESTAVIA LANE PENSACOLA, FL 32501 PENSACOLA, FL 32526 US

FEI Number: 59-2418194 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PINETTE, STEVEN M
320 W. CERVANTES ST.
PENSACOLA, FL 32501 US
SMITH, ROBERT J
5605 VESTAVIA LANE
PENSACOLA, FL 32526 US

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.

SIGNATURE: ROBERT J SMITH 04/20/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: PSTD (X) Change () Addition Name: SMITH, ROBERT J, Name: SMITH, ROBERT J Address: 5605 VESTAVIA LANE 5605 VESTAVIA LANE

Address: 5605 VESTAVIA LANE Address: 5605 VESTAVIA LANE
City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: PENSACOLA, FL 32526

Title: Title: () Delete (X) Change () Addition Name: SMITH, BARBARA D. Name: SMITH, BARBARA D 5605 VESTAVIA LANE 5605 VESTAVIA LANE Address: Address: PENSACOLA, FL 32526 PENSACOLA, FL 32526 City-St-Zip: City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 SMITH, JAMES T,
 Name:

 Address:
 6939 CEDAR LAKE DRIVE
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:

Title: DVPT (X) Delete Title: () Change () Addition

 Name:
 PINETTE, STEVE M
 Name:

 Address:
 7300 MIRANDA SUE BLVD
 Address:

 City-St-Zip:
 PENSACOLA, FL 32526
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT J SMITH PRES 04/20/2005