

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 11, 2005 08:00 AM  
Secretary of State

DOCUMENT # H48475

1. Entity Name

SMITH & FULLER, P.A.



Principal Place of Business  
455 NORTH INDIAN ROCKS ROAD  
SUITE A  
BELLEAIR BLUFFS FL 33770

Mailing Address  
455 NORTH INDIAN ROCKS ROAD  
SUITE A  
BELLEAIR BLUFFS FL 33770



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-2518300

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, HUGH N  
455 N. INDIAN ROCKS RD., STE. A  
BELLEAIR BLUFFS FL 33770

Name

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

City

FL

Zip Code

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**  
**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  
SD  
SMITH, HUGH N  
STREET ADDRESS  
20202 GULF BLVD.  
CITY- ST- ZIP  
INDIAN SHORES FL 33785 ☐ Delete

TITLE  
NAME  
U00000225148  
STREET ADDRESS  
02/11/05-80026-021 150.00 ☐ Change ☐ Addition

TITLE  
NAME  
PTD  
FULLER, DIANA L.  
STREET ADDRESS  
20202 GULF BLVD.  
CITY- ST- ZIP  
INDIAN SHORES FL 33785 ☐ Delete

TITLE  
NAME  
☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Delete

TITLE  
NAME  
☐ 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)(l), 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: Diana L. Fuller, President 1/19/05 (727) 252-5252  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Daytime Phone #