

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 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



01252006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2518300

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 re-registering)

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
SD  
SMITH, HUGH N  
STREET ADDRESS  
20202 GULF BLVD.  
CITY-ST-ZIP  
INDIAN SHORES, FL 33785

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000435114  
02/25/06-80027-025 150.00

**DO NOT WRITE  
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: Diana L. Fuller Diana L. Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/06 (727) 252-5252

Date

Daytime Phone #