


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H93752</b> 1. Entity Name <b>SMITH &amp; SMITH DESIGN CORPORATION INC.</b>	
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Principal Place of Business <b>% JAMES G. SMITH II 11633 N.E. 11TH PLACE BISCAYNE PARK, FL 33161</b>	Mailing Address <b>% JAMES G. SMITH II 11633 N.E. 11TH PLACE BISCAYNE PARK, FL 33161</b>
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**DO NOT WRITE IN THIS SPACE**



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2629343</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SMITH, JAMES G. II  
11633 NE 11TH PLACE  
BISCAYNE PARK, FL 33161**

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 re-appointing) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>SMITH, JAMES G. II 11633 NE 11TH PLACE BISCAYNE PARK, FL</b>
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07/05/05-80007-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **JAMES G. SMITH II** **6/29/05** **305-892-9659**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #