

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J25621

1. Entity Name
SMITH, PAYNE INCORPORATED



Principal Place of Business
**11383 N WILLIAMS ST
DUNNELON, FL 34430 US**

Mailing Address
**PO BOX 489
DUNNELON, FL 34430 US**

FILED
Apr 09, 2004 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2694317

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CHARLES J
9671 SW 190TH AVE RD
P.O. BOX 489
DUNNELON, FL 34430**

**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, 2004 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 STREET ADDRESS CITY-ST-ZIP	PD SMITH, CHARLES J 9671 S.W. 190TH AVE DUNNELON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT SMITH, LOUISE R 9671 S.W. 190TH AVE DUNNELON, FL 34430
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04/09/04-80003-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Charles J. Smith
Charles J. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04

Date

352 489 084

Daytime Phone #