

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32529

Entity Name: SMITH & SAUER, P.A.

FILED
May 17, 2005
Secretary of State

Current Principal Place of Business:

510 E. ZARAGOZA ST.
PENSACOLA, FL 32502 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12446
PENSACOLA, FL 325912446 US

New Mailing Address:

510 E. ZARAGOZA STREET
PENSACOLA, FL 32502 US

FEI Number: 59-2716890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, G. THOMAS
510 E. ZARAGOZA ST.
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

SMITH, G. THOMAS
510 E. ZARAGOZA ST.
PENSACOLA, FL 32502 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: G. THOMAS SMITH

05/17/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SMITH, G. THOMAS,
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VSD () Delete
Name: SAUER, JEFFREY T.,
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: DEMARIA, KATHLEEN K.
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, G. THOMAS
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VSD (X) Change () Addition
Name: SAUER, JEFFREY T.
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

Title: TD (X) Change () Addition
Name: DEMARIA, KATHLEEN K.
Address: 510 E. ZARAGOZA STREET
City-St-Zip: PENSACOLA, FL 32502

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: G. THOMAS SMITH

PRES

05/17/2005

Electronic Signature of Signing Officer or Director

Date