

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # J75992

1. Entity Name
SMITH, THOMPSON, SHAW & MANAUSA, P.A.



Principal Place of Business
**3520 THOMASVILLE ROAD
FOURTH FL
TALLAHASSEE, FL 32309 US**

Mailing Address
**3520 THOMASVILLE ROAD
FOURTH FL
TALLAHASSEE, FL 32309 US**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2809077

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, W. CRIT
3520 THOMASVILLE ROAD
FOURTH FL
TALLAHASSEE, FL 32308**

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1100000206231
01/31/05-80075-024 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SHAW, FRANK S
2233 DEMERON ROAD
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMPSON, SUSAN S.
8515 CONGRESSIONAL DR
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, W C
4510 ROCKBRIDGE HOLLOW
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MANAUSA, DANIEL E
2986 ST STEVENS DR
TALLAHASSEE, FL 32312**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1-27-05

Date

850-893-4105

Daytime Phone #