

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39024

FILED
Apr 05, 2005
Secretary of State

Entity Name: S M D ENTERPRISES, INC.

Current Principal Place of Business:

509 FRANKLYN AVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

1340 AMBRA DRIVE
VIERA, FL 32940 US

Current Mailing Address:

509 FRANKLYN AVE
INDIALANTIC, FL 32903 US

New Mailing Address:

1340 AMBRA DRIVE
VIERA, FL 32940 US

FEI Number: 59-2920309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECOLA, S. MICHAEL
509 FRANKLYN AVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

DECOLA, S. MICHAEL
1340 AMBRA DRIVE
VIERA, FL 32940 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: S. MICHAEL DECOLA

04/05/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECOLA, S.MICHAEL,
Address: 509 FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: VTS () Delete
Name: DECOLA, SHARON ANN,
Address: 509 FRANKLYN AVE
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DECOLA, S.MICHAEL,
Address: 1340 AMBRA DRIVE
City-St-Zip: VIERA, FL 32940

Title: VTS (X) Change () Addition
Name: DECOLA, SHARON ANN,
Address: 1340 AMBRA DRIVE
City-St-Zip: VIERA, FL 32940

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: S.MICHAEL DECOLA

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date