2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K63675

1. Entity Name
DR. SMITH & ASSOCIATES #6952, P.A.

Principal Place of Business	Mailing Address
11850 SHERRI LN. MIAMI, FL 33183 US	541 64 AVE ST. PETE BCH., FL 33706 US

DO NOT WRITE IN THIS SPACE

02192005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2936171	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, PAUL
541 64TH AVE
ST. PETERSBURG BEACH, FL 33706

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	OD
NAME	SMITH, PAUL
STREET ADDRESS	541 64 AVE
CITY-ST-ZIP	ST. PETE BCH.,, FL 33706

U00000243298
02/25/05-80033-022 150.00

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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: _____   2/19/05   727-510-3103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #