2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L26099

1. Entity Name
SMITTLE & KING, INC.

Principal Place of Business	Mailing Address
20963 7TH AVE W	20963 7TH AVE
103 7TH AVE	103 7TH AVE
SUMMERLAND KEY, FL 33042 US	SUMMERLAND KEY, FL 33042 US

DO NOT WRITE IN THIS SPACE

04112004   No Chg-P   CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITTLE, JOHN H.
20963 7TH AVE. WEST
SUMMERLAND KEY, FL 33042

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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)

10APR04
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	D	
NAME	SMITTLE, JOHN H.	
STREET ADDRESS	20963 7TH AVE. WEST	
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042	
TITLE	D	
NAME	KING, G. JACK	
STREET ADDRESS	1616 ATLANTIC BLVD	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/15/04-80025-014 150.00

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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: _____ J.H. Smittle 10APR04 305 745 2430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #