

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90012 007 ***150.00

DOCUMENT # L33160

1. Entity Name
SMITH AND COMPANY OF PENSACOLA, INC.



Principal Place of Business
**3260 COPPERHAWKE FARM RD
PACE, FL 32571 US**

Mailing Address
**P.O. BOX 747
PENSACOLA, FL 32594-0747**

54061265



2. Principal Place of Business
601 S. Palafox St
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 747
Suite, Apt. #, etc.

07022004 Chg-P CR2E034 (10/03)

City & State
Pensacola, Florida
Zip
32502
Country
USA

City & State
Pensacola, Florida
Zip
32591-0747
Country
USA

4. FEI Number
59-2979548
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, ROBERT H.
208 S. ALCANIZ ST.
PENSACOLA, FL 32501**

7. Name and Address of New Registered Agent
Name
Robert H. Smith
Street Address (P.O. Box Number is Not Acceptable)
3260 Copperhawke Farm Rd.
City
Pace FL Zip Code
32571

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 **ROBERT H. SMITH, PRES** **Robert H. Smith** **7/6/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D SMITH, ROBERT H.
STREET ADDRESS	208 S ALCANIZ ST
CITY-ST-ZIP	PENSACOLA, FL 32501
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert H. Smith
STREET ADDRESS	3260 Copperhawke Farm Rd.
CITY-ST-ZIP	Pace, FL 32571
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 line empowered.

SIGNATURE: **Robert H. Smith, Pres** **7/6/04** **850-434-3434**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #