

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90073 031 ***150.00

DOCUMENT # M56522

1. Entity Name

CM SMITH INC.



Principal Place of Business

6737 BRIDLEWOOD COURT
BOCA RATON FL 33433

Mailing Address

6737 BRIDLEWOOD COURT
BOCA RATON FL 33433



2. Principal Place of Business

6600 Constance Street
Suite, Apt. #, etc.

3. Mailing Address

6600 Constance Street
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/04)

City & State

Jake Worth Fla 33467

City & State

Jake Worth Fla 33467

4. FEI Number

41-0720257

Applied For

Not Applicable

Zip

33467

Country

Palu Bu

Zip

33467

Country

Palu Bu

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CAROLYN M.
6737 BRIDLEWOOD COURT
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME SMITH, CAROLYN M.
STREET ADDRESS 6737 BRIDLEWOOD CT.
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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 like empowered.

SIGNATURE:

Carolyn M. Smith

Carolyn M. Smith

Feb 23/2005 810/438-1540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #