

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004821

FILED  
Apr 08, 2005  
Secretary of State

Entity Name: SMOKE-FREE FOR HEALTH, INC.

## Current Principal Place of Business:

3709 W. JETTON AVE.  
TAMPA, FL 336295146

## New Principal Place of Business:

## Current Mailing Address:

3709 W. JETTON AVE.  
TAMPA, FL 336295146

## New Mailing Address:

FEI Number: 59-3729799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INTERSTATE REGISTERED AGENT CORPORATION  
315 S. CALHOUN ST., STE. 600  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: JENNIE, COOK  
Address: 170 PIEDMONT COURT  
City-St-Zip: LARKSPUR, CA 94939 US

Title: DS ( ) Delete  
Name: BARRY, BENNETT ESQ.  
Address: P.O. BOX 860  
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: PRES ( ) Delete  
Name: MARTIN, LARSEN  
Address: 10221 TAFT STREET, SUITE 2  
City-St-Zip: PEMBROKE PINES, FL 30326 US

Title: D (X) Delete  
Name: SCOTT, STEVE  
Address: 22 SE 11TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33316 US

Title: TRES (X) Delete  
Name: JAMES, DIXON CPA  
Address: P.O. BOX 3225  
City-St-Zip: SEMINOLE, FL 33775 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change ( ) Addition  
Name: MARTIN, LARSEN  
Address: 10221 TAFT STREET, SUITE 2  
City-St-Zip: PEMBROKE PINES, FL 30326 US

Title: DIR (X) Change ( ) Addition  
Name: MICHAEL, KASPER M.D.  
Address: BOCA RATON COM. HOSPITAL, 800 MEADOWS RD.  
City-St-Zip: BOCA RATON, FL 33486 US

Title: DIR (X) Change ( ) Addition  
Name: RALPH, DEVITTO  
Address: 3709 W. JETTON AVENUE  
City-St-Zip: TAMPA, FL 33629 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN LARSEN

PRES

04/08/2005

Electronic Signature of Signing Officer or Director

Date