

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90461 029 \*\*\*150.00

**DOCUMENT # P00000001420**

1. Entity Name

**KAHLEEN SMITH, INC.**



Principal Place of Business

**8295 N. MILITARY TRAIL  
SUITE G  
PALM BEACH GARDENS FL 33410**

Mailing Address

**8295 N. MILITARY TRAIL  
SUITE G  
PALM BEACH GARDENS FL 33410**

**24073872**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

**1201 US Hwy 1  
Suite, Apt. #, etc.  
#36**

3. Mailing Address

**1201 US Hwy 1  
Suite, Apt. #, etc.  
#36**

City & State

**North Palm Beach**

City & State

**North Palm Beach**

Zip

**33408**

Country

**USA**

Zip

**33408**

Country

**USA**

4. FEI Number

**65-0976839**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**ROZOWSKY, KAHLEEN  
8295 N. MILITARY TRAIL  
SUITE G  
PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

Name **Rozowsky, Kahleen**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 US Hwy 1  
#36**  
City **North Palm Beach FL** Zip Code **33408**

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

*Kahleen Rozowsky*

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

**4.29.04**

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 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 PD ☐ Delete  
NAME **ROZOWSKY, KAHLEEN**  
STREET ADDRESS **10240 HUNT CLUB LANE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

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 **11680 Lake Shore Place**  
CITY-ST-ZIP **North Palm Beach FL 33408**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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 like empowered.

**SIGNATURE:**

*Kahleen Rozowsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4.29.04**

Date

Daytime Phone #