


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000002395**  
 1. Entity Name  
**CHALES SMITH PAINTING, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>1096 CHICKASAW STREET<br>JUPITER, FL 33458 | Mailing Address<br>1096 CHICKASAW STREET<br>JUPITER, FL 33458 |
|---|---|



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-1347948                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 SMITH, BRIAN  
 1096 CHICKASAW STREET  
 JUPITER, FL 33458

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SMITH, BRIAN<br>1096 CHICKASAW STREET<br>JUPITER, FL 33458 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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U00000001850  
 02/03/04-80185-007 158.75

U000000047550  
 02/12/04-80045-007 158.75

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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: Brian Smith 2/3/04 (561)373-9709

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #