

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90106 010 ***150.00

DOCUMENT # P00000020408

1. Entity Name
G.A. SMOKE ENTERPRISES, INC.



Principal Place of Business
**2311 ROGERS RD.
LAKELAND, FL 33813**

Mailing Address
**PO BOX 440860
AURORA, CO 80044**

2. Principal Place of Business

3. Mailing Address
74 Marinus St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Rochelle Park, NJ

Zip

Country

Zip

07662-3826

Country

USA

03182004

Chg-P

CR2E034 (10/03)

4. FEI Number

91-2026001

Applied For

Not Applicable

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

**REHER, DEBORA C
2311 ROGERS RD.
LAKELAND, FL 33813**

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

Debora C. Reher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

3-18-04

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMOKE, GREGORY A
103 ALABAMAST.
KILLEN, AL 35645**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Smoke, Gregory A.
1009 Brookhill Dr.
Killen, AL 35645-8805**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
REHER, DEBORA C
PO BOX 440860
AURORA, CO 80014**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
Reher, Debora C.
74 Marinus St.
Rochelle Park, NJ 07662-3826**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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☐ Change ☐ Addition

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:

Gregory A. Smoke

Gregory A. Smoke, President

256-627-6521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #