


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P00000022818 1. Entity Name SMILING CHICKEN PROPERTIES, INC. |  |
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| Principal Place of Business 2909 HILL STREET NEW SMYRNA BEACH, FL 32169 | Mailing Address 488 MISTY LANE WINTER PARK, FL 32789 |
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DO NOT WRITE IN THIS SPACE



02112004 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 59-3663901 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

VIHLEN & SILLS, P.A.
1173 SPRING CENTRE SOUTH BLVD., STE. C
ALTAMONTE SPRINGS, FL 32714

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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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARTMAN, JILL 488 MISTY LANE WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HARTMAN, MARY A 360 PALM DR. OVIEDO, FL 32765 |
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04/15/04-80037-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Jill Hartman, Director April 12, 2004

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