


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P00000064009 |  |
| 1. Entity Name KEN SMITH ENTERPRISES, INC. | |

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|---|--|
| Principal Place of Business 4110 ENTERPRISE AVE #201 NAPLES, FL 34104 | Mailing Address 8805 TAMiami TRAIL NORTH #158 NAPLES, FL 34104 |
|---|--|

DO NOT WRITE IN THIS SPACE



02032006 No Chg-P CR2E034 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3659839 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**LUPO, DAVID T ESQ.
1100 FIFTH AVENUE SOUTH, SUITE 301
NAPLES, FL 34102**

**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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SMITH, C K 6400 SHOREWOOD DRIVE ARLINGTON, TX 76016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SMITH, CAROL 6400 SHOREWOOD DRIVE ARLINGTON, TX 76016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SMITH, KEN 8805 TAMiami TR N. 158 NAPLES, FL 34108 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

1000000455107
04/15/06-80088-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: K Smith **Ken Smith** 3-1-06 **239 430-9300**

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