

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90001 014 ***550.00

DOCUMENT # P00000067627

1. Entity Name
SMART BIOMETRICS, INCORPORATED



Principal Place of Business
**2772 DEPOT AVENUE
SANFORD, FL 32773**

Mailing Address
**2772 DEPOT AVENUE
SANFORD, FL 32773**

54073137



2. Principal Place of Business
262 Abbott Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 953623
Suite, Apt. #, etc.

05242004 Chg-P CR2E034 (10/03)

City & State
Lake Mary, FL
Zip
32746
Country
USA

City & State
Lake Mary, FL
Zip
32795
Country
USA

4. FEI Number
59-3660822
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KEOGH, COLIN
2772 DEPOT AVENUE
SANFORD, FL 32773**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2139 Kewanee Trail

City

Casselberry

FL

Zip Code

32707

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

Colin Keogh, President

8/30/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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
**P
KEOGH, COLIN
2139 KEWANEE TRAIL
CASSELBERRY, FL 32707** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
KEOGH, KYLE
262 ABBOTT AVENUE
LAKE MARY, FL 32750** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
KEOGH, JEAN-
262 ABBOTT AVENUE
LAKE MARY, FL 32750** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Jean C. Keogh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean C. Keogh, Secretary

Date

8/30/04

Daytime Phone #

407-324-5319