

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000093795



1. Entity Name
SMITH AND WOMACK LAND SURVEYING, INC.

Principal Place of Business
5614 GRAND BLVD
NEW PORT RICHEY, FL 34652

Mailing Address
PO BOX 1840 P
NEW PORT RICHEY, FL 34656

2. Principal Place of Business

3. Mailing Address

5408 St James Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey, FL

Zip

Zip

34652

Country

USA

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Kelly Drew

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

5408 St James Drive

City

New Port Richey

FL

Zip Code
34652

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

Kelly L. Drew

Kelly Drew

4-29-04

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, 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	D SMITH, KENNETH W 6103 ROWAN ROAD NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Smith, Kenneth W 10237 Hickory Hill Drive Port Richey, FL 34668	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOMACK, SPENCER M JR. 6103 ROWAN ROAD NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PSTD Womack, Spencer M Jr. 6103 Rowan Road New Port Richey, FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Spencer Womack Jr* **Date:** *4-30-04* **Daytime Phone #:** *727-843-9435*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR