

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR) AMENDED

DOCUMENT # P00000099206

1. Entity Name

C.W. SMITH IMPORTED ANTIQUES, INC.



FILED

05 JUL 22 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1170 THIRD STREET SOUTH, C-105
NAPLES FL 34102

Mailing Address

1170 THIRD STREET SOUTH, C-105
NAPLES FL 34102

2. Principal Place of Business

1260 THIRD STREET SOUTH

3. Mailing Address

1260 THIRD STREET SOUTH



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

62-1834384

Applied For

Not Applicable

Zip
34102

Country
USA

Zip
34102

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, MARION W
1170 THIRD ST SOUTH, C-105
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name - SMITH, MARION W.

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

1260 THIRD STREET SOUTH

City NAPLES

FL

Zip Code 34102

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. ADDRESS CHANGE

SIGNATURE MARION W SMITH

Marion W Smith

6-15-05

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SMITH, CAROL D
STREET ADDRESS 4424 EXCELSIOR BLVD
CITY-ST-ZIP ST LOUIS PARK MN 55413
☒ Delete

TITLE VP
NAME SMITH, MARION W
STREET ADDRESS 4424 EXCELSIOR BLVD
CITY-ST-ZIP ST LOUIS PARK MN 55416
☐ Delete
NO CHANGE

TITLE ST
NAME SMITH, VANESSA A
STREET ADDRESS 4424 EXCELSIOR BLVD
CITY-ST-ZIP ST LOUIS PARK MN 55416
☒ 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
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500058541415
08/15/05--01002--010 **\$1.25

TITLE P
NAME SMITH, VANESSA A.
STREET ADDRESS 4424 EXCELSIOR BLVD,
CITY-ST-ZIP ST LOUIS PARK MN 55416
☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Marion Wade Smith MARION WADE SMITH

Date

Daytime Phone #

6-15-05 239-213-0749