


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000002639	
1. Entity Name C & J SMITH INVESTMENTS, INC.	

Principal Place of Business 9410 INDALE DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 9410 INDALE DRIVE NEW PORT RICHEY, FL 34654
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DO NOT WRITE IN THIS SPACE

07072005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3690118	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHALLES, LARRY C 5320 MAIN ST NEW PORT RICHEY, FL 34652

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 <u>James B Smith</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>7-13-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, JAMES 9410 INDALE DRIVE NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CYNTHIA 9410 INDALE DRIVE NEW PORT RICHEY, FL 34654
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UN00000373868
07/21/05-80002-013 150.00

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: <u>James B Smith</u>	<u>James B Smith</u>	<u>7-13-05</u>	<u>727-869-7716</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>