

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90029 048 ***150.00

DOCUMENT # P01000003357

1. Entity Name

LINDA L. SMITH & ASSOCIATES, INC.



Principal Place of Business

PO BOX 49130
JACKSONVILLE BEACH FL 32240-9130

Mailing Address

PO BOX 49130
JACKSONVILLE BEACH FL 32240-9130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3690076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANKENSHIP, KIMBERLY A ESQ.
2716 ST JOHNS AVE
JACKSONVILLE FL 32205

Name **TOM WILLIAMS, CPA**

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

1409 KINGSLEY AVENUE

SUITE 1B

City **ORANGE PARK**

FL

Zip Code **32073**

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

TH Williams, CPA ; *TH Williams, CPA*

1-29-04

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 **D** ☐ Delete
NAME **SMITH, LINDA L**
STREET ADDRESS **420 LOWER 36TH AVE S**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **D** ☒ Delete
NAME **BLANKENSHIP, KIMBERLY A**
STREET ADDRESS **2716 ST JOHNS AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **LINDA L SMITH**
STREET ADDRESS **225 E. PONCE DELEON AVE UNIT 433**
CITY-ST-ZIP **DECATUR, GA 30030**

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Linda L Smith

LINDA L SMITH

1/30/04

904 270 1620