

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90004 046 \*\*\*150.00

DOCUMENT # P01000022973

1. Entity Name  
**JAMES ENOS SMITH III, INC.**



Principal Place of Business  
**288 PACKWOOD RD.  
EDGEWATER, FL 32141**

Mailing Address  
**288 PACKWOOD RD.  
EDGEWATER, FL 32141**

2. Principal Place of Business  
**288 Packwood Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**288 Packwood Rd**  
Suite, Apt. #, etc.



02032004 Chg-P CR2E034 (10/03)

City & State  
**Edgewater FL**  
Zip  
**32141** Country

City & State  
**Edgewater FL**  
Zip  
**32141** Country

4. FEI Number  
**75-2991636**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**SMITH, JAMES E III  
288 PACKWOOD RD.  
EDGEWATER, FL 32141**

7. Name and Address of New Registered Agent  
Name **James Enos Smith III**

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

**288 Packwood Rd**

City **Edgewater**

**FL**

Zip Code **32141**

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 **James Enos Smith III** (NOTE: Registered Agent signature required when reinstating)

**2/14/04**  
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

TITLE **D** ☐ Delete  
NAME **SMITH, JAMES E III**  
STREET ADDRESS **288 PACKWOOD RD.**  
CITY-ST-ZIP **EDGEWATER, FL 32141**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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: **James Enos Smith III** **2/14/04** **386-689-4343**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #