

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000046403

1. Entity Name
SMARTRETIREMENTINVESTOR.COM, INC.



Principal Place of Business

191 ERIC DR
PALM COAST, FL 32164

Mailing Address

191 ERIC DR
PALM COAST, FL 32164

FILED

05 FEB 11 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number

59-3718472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22ND STREET
4TH FLOOR
MIAMI, FL 33145

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
JOLLEY, ROBERT L
29 RIPPLING BROOK DR
PALM COAST, FL 321646509

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
JOLLEY, JOYCE A
29 RIPPLING BROOK DR
PALM COAST, FL 321646509

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

500046818675
02/17/05--01062--001 **150.00

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IN THIS SPACE**

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:

Robert L Jolley Robert L Jolley 2/5/5 904-377-1879

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #