


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91033 050 ***150.00

DOCUMENT # **P01000049633**

1. Entity Name
E.J. SMITH, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
40 FOX FIRE LANE

3. Mailing Address
2557 NURSERY RD.

Suite, Apt. #, etc.
2D

DO NOT WRITE IN THIS SPACE

City & State
OLDSMAR, FL. 34677

City & State
CLEARWATER, FL.

4. FEI Number
59-3727005

Applied For
 Not Applicable

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

Zip
34677 Country
USA

Zip
33764 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
SMITH EDWARD J

Street Address (P.O. Box Number is Not Acceptable)
2557 NURSERY RD

STE 2D

City
CLEARWATER FL Zip Code
33764

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

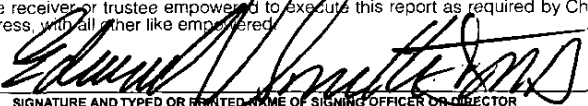
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SMITH, EDWARD J 40 FOX FIRE LANE OLDSMAR, FL. 34677
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**DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/27/04** **535-0591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)