

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000059505	
1. Entity Name J.C. SMITTY ENTERPRISES INC.	

Principal Place of Business 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470	Mailing Address 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470
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02222004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1116237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, JIMMIE C JR. 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000075568 03/03/04-80065-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, JIMMIE C 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, JIMMIE C III 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN-SMITH, CHANTRES D 6875 BANYAN BLVD. LOXAHATCHEE, FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Jimmie Curson Smith Jr.</i>	3-1-04	(561) 281-7678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #