## 2004 FOR PROFIT CORPORATION

## Mar 10, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000084154 1. Entity Name SCOTT TIMOTHY SMITH, P.A. Principal Place of Business Mailing Address 301 SOUTH MAIN ST. 301 SOUTH MAIN ST. BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 No Chg-P CR2E034 (10/03) 01202004 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 59-3741430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \_\_ \_\_ Fee Required 6. Name and Address of Current Registered Agent SMITH, SCOTT TIMOTHY DO NOT WRITE 301 SOUTH MAIN STREET BROOKSVILLE, FL 34601 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 9. Election Campaign Financing **\$5.00** May Be U00000083568 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/10/04-80044-016 150.00 10. OFFICERS AND DIRECTORS TITLE DPST SMITH, SCOTT T NAME STREET ADDRESS 301 SOUTH MAIN ST. BROOKSVILLE, FL 34601 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Fforida 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 path; 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, Fforida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address ith all other like empowered.

SIGNATURE:X

NAME STREET ADDRESS CITY-ST-ZIP T3TLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR DRIVIED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**