2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 02, 2005 08:00 AM DOCUMENT_# P01000084154 **Secretary of State** 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) 01172005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3741430 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPST TITLE U00000209948 SMITH, SCOTT T NAME 02/02/05-80061-001 150.00 301 SOUTH MAIN ST. STREET ADDRESS CITY-ST-ZIP BROOKSVILLE, FL 34601 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 NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 employees to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE AND TYPED OR

SIGNATUREX

FILED