## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P01000111105

t. Entity Name WILLIAM R. SMITH, P.A.

FILED
Jan 08, 2004 08:00 AM
Secretary of State

Principal Place of Business

8191 COLLEGE PKWY STE 204 FT MYERS, FL 33919 Mailing Address

8191 COLLEGE PKWY STE 204 FT MYERS, FL 33919



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1154526 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLLIAM R 8191 COLLEGE PKWY STE 204 FT MYERS, FL 33919

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the priors of registered agent.	urpose of changing its registered of	ffice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable (NOTE Registered Agr	ent signature	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Financin Trust Fund Contribution.</li> </ol>	<b>"</b> □	\$5.00 May 8e Added to Fees	
10.	OFFICERS AND DIRECTORS			<del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WILLIAM R 8191 COLLEGE PKWY STE 204 FT MYERS, FL 33919	=			
TITLE NAME STREET ADDRESS CITY -ST - ZLP					
TRILE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 puter like empowered.

SIGNATURE:

ANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/0/04

2394828511