

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000036910

1. Entity Name

NORTH FLORIDA SMOOTHIE, INC.



Principal Place of Business

**111 OVERLOOK DRIVE
PONTE VEDRA BEACH, FL 32082**

Mailing Address

**111 OVERLOOK DRIVE
PONTE VEDRA BEACH, FL 32082**



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0583114

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, RICHARD C
111 OVERLOOK DRIVE
PONTE VEDRA BEACH, FL 32082**

**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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/05

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME BROWN, RICHARD C
STREET ADDRESS 111 OVERLOOK DRIVE
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082**

**TITLE D
NAME LAWRENCE, BRANT A
STREET ADDRESS 3679 RUSTIC LANE
CITY-ST-ZIP JACKSONVILLE, FL 32217**

**TITLE D
NAME LAWRENCE, GEORGE A
STREET ADDRESS 3679 RUSTIC LANE
CITY-ST-ZIP JACKSONVILLE, FL 32217**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

000000342042
04/29/05-80040-015 150.00

**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)(f), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

(904) 397-8887

Daytime Phone #