

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91221 017 \*\*\*158.75

DOCUMENT # P02000080627

1. Entity Name

SMOOTH SEARCH THOMAS INC



Principal Place of Business

P O BOX 541296  
LAKE WORTH FL 33454-1296

Mailing Address

P O BOX 541296  
LAKE WORTH FL 33454-1296

24066784

2. Principal Place of Business

P O BOX 541296

3. Mailing Address

P O BOX 541296



MOORE CR2E034 (11/03)

City & State

LAKE WORTH FL 2

City & State

LAKE WORTH

4. FEI Number

81-0579522

Applied For

Not Applicable

Zip

33454-1296

Country

PALM BEACH

Zip

33454-1296

Country

PALM BEACH

5. Certificate of Status Desired

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\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, FAINE  
6371 PINESTEAD DR, APT 1312  
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name FAINE THOMAS

Street Address (P.O. Box Number is Not Acceptable)

6371 PINESTEAD DR

City

LAKE WORTH

FL

Zip Code

33463

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 FAINE THOMAS

FAINE THOMAS

4-29-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE O  
NAME FAINE, THOMAS  
STREET ADDRESS 6371 PINESTEAD DRIVE  
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 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: FAINE THOMAS

4-29-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #