

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000092827**

1. Entity Name  
**SMILES NITE CLUB, INC.**



Principal Place of Business  
**OLD KINGS COMMONS SHOPPING CENTER  
7 OLD KINGS ROAD, N., UNIT 1  
PALM COAST, FL 32137**

Mailing Address  
**144 PALM CIRCLE  
FLAGLER BEACH, FL 32136**

**DO NOT WRITE IN THIS SPACE**



04112004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1161555</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GLENN, IANNILLO  
144 PALM CIRCLE  
FLAGLER BEACH, FL 32136**

**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, 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**000000122047  
04/21/04-80014-004 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GLENN, IANNILLO 144 PALM CIRCLE FLAGLER BEACH, FL 32136
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR GLENN, IANNILLO 144 PALM CIRCLE FLAGLER BEACH, FL 32136
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MELINDA, IANNILLO 144 PALM CIRCLE FLAGLER BEACH, FL 32136
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC MELINDA, IANNILLO 144 PALM CIRCLE FLAGLER BEACH, FL 32136
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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 affidavit, with all other like empowered

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**

Date

**386-439-6817**

Daytime Phone #