

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000098129

Entity Name: SMITHERS BUSINESS INVESTMENTS, INC.

FILED  
Jan 10, 2005  
Secretary of State

**Current Principal Place of Business:**

2151 WELLS AVENUE  
SARASOTA, FL 34232

**New Principal Place of Business:**

**Current Mailing Address:**

2151 WELLS AVENUE  
SARASOTA, FL 34232

**New Mailing Address:**

FEI Number: 22-3870676      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITHERS, ROBERT L  
2151 WELLS AVENUE  
SARASOTA, FL 34232      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITHERS, JASON R  
Address: 7236 SHEPHARD STREET  
City-St-Zip: SARASOTA, FL 34243

Title: VP ( ) Delete  
Name: SMITHERS, ROBERT L  
Address: 2151 WELLS AVENUE  
City-St-Zip: SARASOTA, FL 34235

Title: VP ( ) Delete  
Name: GORMAN, MICHAEL D  
Address: 3872 NOTTINGHAM CIRCLE  
City-St-Zip: SARASOTA, FL 34202

Title: ST ( ) Delete  
Name: SMITHERS, ALICE C  
Address: 2151 WELLS AVENUE  
City-St-Zip: SARASOTA, FL 34232

Title: VP ( ) Delete  
Name: JONES, RONALD  
Address: 16110 WATERLINE ROAD  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT L SMITHERS

VP

01/10/2005

Electronic Signature of Signing Officer or Director

Date