

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000120499**

1. Entity Name

SIBBICK-SMITH INTERNATIONAL, INC.



Principal Place of Business

6130 SE MARTINIQUE DRIVE  
UNIT 104  
STUART FL 34997

Mailing Address

6130 SE MARTINIQUE DRIVE  
UNIT 104  
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3882413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, EDWARD M  
6130 SE MARTINIQUE DRIVE  
UNIT 104  
STUART FL 34997

Name

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

City

**FL**

Zip Code

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**

**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 NAME ☐ Delete

SIBBICK, RICHARD G  
1018 A HERITAGE VILLAGE  
SOUTHURY CT 06488

TITLE NAME ☐ Delete

CEO  
SMITH, EDWARD M  
6130 SE MARTINIQUE DRIVE, UNIT 104  
STUART FL 34997

TITLE NAME ☐ Delete

CFO  
SMITH, STEPHANIE A  
6130 SE MARTINIQUE DRIVE, UNIT 104  
STUART FL 34997

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/04 772 220 3260

Daytime Phone #