

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90028 021 \*\*\*150.00

**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**

**50056630**



07142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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**

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

**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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P SIBBICK, RICHARD G 1018 A HERITAGE VILLAGE SOUTHBURY, CT 06488</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CEO SMITH, EDWARD M 6130 SE MARTINIQUE DRIVE, UNIT 104 STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CFO SMITH, STEPHANIE A 6130 SE MARTINIQUE DRIVE, UNIT 104 STUART, FL 34997</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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)(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**

*Edward M. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*July 14/05*

*519 843 4101*

*EDWARD M SMITH*

ATTACHMENT

50056630  
# P02 000120499

**SIBBICK - SMITH INTERNATIONAL**

INDEPENDENT DISTRIBUTOR OF TAHITIAN NONI JUICE

**STUART FLORIDA U.S.A.**  
772 - 220 - 3260

**BELWOOD ONTARIO CANADA**  
519 - 843 - 4101

July 14, 2005

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

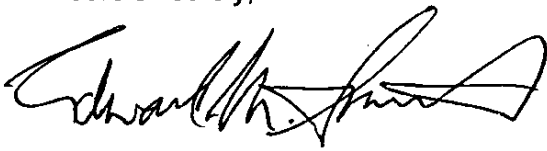
Dear Sirs,

When I received the first notice to submit your report I sent you the postcard requesting a printed copy because on the several occasions when I tried to submit the report online your computer would not accept the information I sent.

I heard nothing more from you until I received on July 12 your 'Notice of Intent to Dissolve'.

I do not feel obligated to pay a \$400. late fee because someone in your office failed to respond to my request.

Yours sincerely,



Edward M. Smith