

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000006555**

1. Entity Name  
**MEGAN SMITH, INC.**



Principal Place of Business <b>4605 CROSSWIND CT                  #7                  MELBOURNE, FL 32904</b>	Mailing Address <b>4605 CROSSWIND CT                  #7                  MELBOURNE, FL 32904</b>
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**DO NOT WRITE IN THIS SPACE**



07262005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>54-2095852</b>	Applied For 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

**SMITH, MEGAN  
 4605 CROSSWIND CT  
 #7  
 MELBOURNE, FL 32904**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P SMITH, MEGAN 4605 CROSSWIND CT PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, HARRY J 4605 CROSSWIND CT PALM BAY, FL 329075922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000374883  
 07/29/05-80001-020 150.00

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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:** Megan Smith Jul 25, 2005 3219522821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #