

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90006 018 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000042979

1. Entity Name
SMITH REPORTING SERVICES, INC.



Principal Place of Business
1903 BRANDON BROOK DR.
VALRICO, FL 33594

Mailing Address
1903 BRANDON BROOK DR.
VALRICO, FL 33594

54067583



2. Principal Place of Business

3. Mailing Address

P.O. Box 1234

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07302004

Chg-P

CR2E034 (10/03)

City & State

City & State

Brandon, FL

4. FEI Number

55-0821-964

Applied For

Not Applicable

Zip

Country

Zip

33509

Country

U.S.

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, DENISE
1903 BRANDON BROOK DR.
VALRICO, FL 33594

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, DENISE
1903 BRANDON BROOK DR.
VALRICO, FL 33594 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

Denise Smith Denise Smith

7-30-04

813-689-2299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Smith Reporting Services
813-689-2299

Attachment
En. # A03000042979
Post Office Box 1234
Brandon, Florida 33509

July 31, 2004

Dear Sir or Madam:

Enclosed is a check for \$150 for the renewal. Please waive the \$400 penalty fee. This is our first full year as a corporation and I do not recall receiving this notice prior.

Sincerely,



Denise Smith, RPR
Smith Reporting Services