



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90008 033 ***150.00

DOCUMENT # P03000044397					
1. Entity Name W. SMITH PAINTING, INC.					
Principal Place of Business 7425 N.W. 44TH STREET #1316 LAUDERHILL, FL 33319		<i>making</i> c/o W. Smith Painting 102 MITCHELL A. SILVER & CO. #1316 P.O. BOX 223592 LAUDERHILL, FL 33022-3592		2408502- 	
2. Principal Place of Business		33022-3592			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08172004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 20-0003408	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, WILLIAM S 7425 N.W. 44TH STREET, #1316 LAUDERHILL, FL 33319			7. Name and Address of New Registered Agent Name <i>Smith, William</i> Street Address (P.O. Box Number is Not Acceptable) <i>312 Bougainvillea Terrace</i> City <i>Hollywood</i> FL Zip Code <i>33019</i>		
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: <i>X William Smith</i> (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<i>William Smith</i> <input type="checkbox"/> Delete	TITLE	<i>P/D/O/S</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>William Smith</i>	NAME			
STREET ADDRESS	<i>312 Bougainvillea Terrace</i>	STREET ADDRESS			
CITY-ST-ZIP	<i>Hollywood FL 33019</i>	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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)(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: <i>X William Smith</i>			8/17/04 (954) 922-0886		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

Attachment
24085619
703000041397

Dear Sir,

I just received this notice since
I moved.

Enclosed is my check due. My new
address is also enclosed. It won't be
a problem again.

William J. [Signature]