


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

09-13-2004 90008 033 \*\*\*150.00

<b>DOCUMENT # P03000044397</b> 1. Entity Name <b>W. SMITH PAINTING, INC.</b>					
Principal Place of Business 7425 N.W. 44TH STREET #1316 LAUDERHILL, FL 33319				<i>mailing</i> C/O W. Smith Painting 102 MITCHELL SILVER & CO. #1316 P.O. BOX 223592 LAUDERHILL, FL 33322-3592	
2. Principal Place of Business				08172004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-0003408</b>	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	<i>William Smith</i> <input type="checkbox"/> Delete <i>312 Bougainvillea Terrace</i> <i>Hollywood FL 33019</i>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>P/O/S</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>8/17/04</i> (954) 922-0886 <small>Daytime Phone #</small>	

Attachment  
24085619  
P03000040397

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 L. [Signature]