

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 005 ***158.75

DOCUMENT # P03000052980

1. Entity Name
SUPALL SMITH INCORPORATED



Principal Place of Business
1681 S.W. BURLINGTON ST.
PORT SAINT LUCIE, FL 34984 US

Mailing Address
1681 S.W. BURLINGTON ST.
PORT SAINT LUCIE, FL 34984 US

94070891



2. Principal Place of Business
AUTOWORKS & A/C
Suite, Apt. #, etc.
1508 S HARBOR CITY BLVD

3. Mailing Address
P.O. Box 1672
Suite, Apt. #, etc.

02182004 Chg-P CR2E034 (10/03)

City & State
MELBOURNE & FL
Zip **32901** **Country** **FLORIDA**

City & State
MELBOURNE, FL
Zip **32902** **Country** **FLORIDA**

4. FEI Number
86-1079918
Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SMITH, ERROL M JR.
1681 S.W. BURLINGTON ST.
PORT SAINT LUCIE FLORIDA, FL 34984

7. Name and Address of New Registered Agent
Name **SMITH, ERROL M. JR**
Street Address (P.O. Box Number is Not Acceptable) **41 W STRAWBRIDGE AVE #C7**
City **MELBOURNE** **FL** **Zip Code** **32901**

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 the registered agent.

SIGNATURE *Errol M. Smith* **DATE** **04-28-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, ERROL M JR.	
STREET ADDRESS	1681 S.W. BURLINGTON ST.	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ERROL M. JR	
STREET ADDRESS	41 W STRAWBRIDGE AVE #C7	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ERROL M. JR NOORHASAN-SMITH, NADINE	
STREET ADDRESS	41 W STRAWBRIDGE AVE #C7	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOORHASAN-SMITH, NADINE	
STREET ADDRESS	41 W STRAWBRIDGE AVE #C7	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOORHASAN-SMITH, NADINE	
STREET ADDRESS	41 W STRAWBRIDGE AVE #C7	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Nadine N. Noorhasan-Smith* **DATE** **4/23/04** **DAYTIME PHONE #** **321-733-5088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR