2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000053513

RANDALL I. SMITH INSURANCE AGENCY, INC.



Principal Place of Business_

Mailing Address

5425 SOUTH SEMORAN BLVD. SUITE 1-E ORLANDO, FL 32822 ___

5425 SOUTH SEMORAN BLVD. SUITE 1-E ORLANDO, FL 32822

FILED Jan 12, 2005 08:00 AM Secretary of State

01052005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 42-1591212 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, RANDALL I DO NOT WRITE 5425 SOUTH SEMORAN BLVD. SUITE 1-E ORLANDO, FL 32822 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 DOUDDO 1**78**242 Trust Fund Contribution. Added to Fees 01/12/05-80019-023 150.m 10. OFFICERS AND DIRECTORS TITLE П SMITH, RANDALL I NAME STREET ADDRESS 5425 SOUTH SEMORAN BLVD, SUITE 1-E CITY-ST-ZIP ORLANDO, FL 32822 TITLE NAME STREET ADDRESS CITY-\$T-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 accordate 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 effect 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:

SANDALL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR -11.05

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