

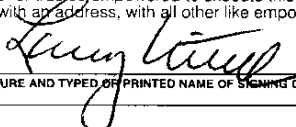


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90036 016 ***150.00

DOCUMENT # P03000056521 1. Entity Name LARRY SMITH, P.A.					
Principal Place of Business 1279 KINGSLEY AVENUE SUITE 117 ORANGE PARK, FL 32073			Mailing Address 1279 KINGSLEY AVENUE SUITE 117 ORANGE PARK, FL 32073		
2. Principal Place of Business 4651 Salisbury Road Suite, Apt. #, etc. Suite 225 City & State Jacksonville Zip 32256		3. Mailing Address 4651 Salisbury Road Suite, Apt. #, etc. Suite 225 City & State Jacksonville Zip 32256		40004610 	
Country Duval		Country Duval		4. FEI Number 65-1187199	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SMITH, LARRY 1279 KINGSLEY AVENUE SUITE 117 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Smith, Larry Street Address (P.O. Box Number is Not Acceptable) 4651 Salisbury Road Suite 225 City Jacksonville FL Zip Code 32256		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, LARRY 1045 N ORANGE AVE GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 1/20/05 Daytime Phone # 904-296-9998		