

2004 FOR PROFIT CORPORATION ANNUAL REPORT


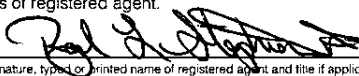

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90379 026 ***150.00

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02132004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000062150			
1. Entity Name SMOOTH FOODS INC.			
Principal Place of Business 706 MAJESTIC PRINCE CT CRESTVIEW, FL 32539 US		Mailing Address 706 MAJESTIC PRINCE CT CRESTVIEW, FL 32539 US	
2. Principal Place of Business 4508 Schooner Lane Suite, Apt. #, etc.		3. Mailing Address 4508 Schooner Lane Suite, Apt. #, etc.	
City & State LYNN HAVEN, Florida		City & State LYNN HAVEN, Florida	
Zip 32444	Country BAY	Zip 32444	Country BAY
4. FEI Number 51-0477014		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STEPHENS, ROYAL L III 706 MAJESTIC PRINCE CT CRESTVIEW, FL 32539		7. Name and Address of New Registered Agent Name: ROYAL L. STEPHENS III Street Address (P.O. Box Number is Not Acceptable) 123 Candewick Circle City: PANAMA CITY FL Zip Code: 32405	
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:  - President DATE: 4/1/04 <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, 2004 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	P STEPHENS, ROYAL L III 706 MAJESTIC PRINCE CT CRESTVIEW, FL 32539 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 123 Candewick Circle PANAMA CITY, Florida, 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEPHENS, JACQUELYN H 4508 SCHOONER LANE LYNN HAVEN, FL 32444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
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
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
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
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: 		4/1/04 (850) 609-6022 ext 26 Date Daytime Phone #	