

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90319 042 ***150.00

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01272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000074577			
1. Entity Name PAUL A. SMITH, INC.			
Principal Place of Business 1300 SEAWAY DRIVE APT D8 FT PIERCE, FL 34947		Mailing Address 1300 SEAWAY DRIVE APT D8 FT PIERCE, FL 34947	
2. Principal Place of Business 2230 SE MERRILL RD		3. Mailing Address PO BOX 13588	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State Port St. Lucie FL		City & State Ft Pierce FL	
Zip 34952		Zip 34979	
Country St Lucie		Country St Lucie	
4. FEI Number 57-1175983		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 SMITH, PAUL A 1300 SEAWAY DRIVE APT D8 FT-PIERCE, FL 34947		7. Name and Address of New Registered Agent Name: PAUL A SMITH Street Address (P.O. Box Number is Not Acceptable) 2230 SE MERRILL RD City Port St. Lucie FL Zip Code 34952	
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: Paul A. Smith DATE: 6/25/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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	President Paul A. Smith 2230 SE Merrill Road Port St. Lucie, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Renée L. Dalessio 6452 NW Halibut Street Port St. Lucie, FL 34986	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <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"/> Delete <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"/> Delete <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"/> Delete <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)(f), 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 file 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 filers empowered.			
SIGNATURE: Paul A. Smith		DATE: 4/15/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	