

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 03, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90252 047 \*\*\*150.00

<b>DOCUMENT # P03000089388</b> 1. Entity Name <b>SMYRNA HOLDING CORPORATION INC</b>					
Principal Place of Business <b>1546 POPLAR DRIVE ORMOND BEACH FL 32174 US</b>			Mailing Address <b>1546 POPLAR DRIVE ORMOND BEACH FL 32174 US</b>		
2. Principal Place of Business		3. Mailing Address <b>P.O. Box 731805 ORMOND BEACH FLORIDA</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>FLORIDA</b>		4. FEI Number <b>20-0147562</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32173-1805</b>		Country <b>USA</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>YOUNG, HERBERT A 1546 POPLAR DRIVE ORMOND BEACH FL 32174</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b> </div> <div style="width: 60%;">         9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>          Trust Fund Contribution.       </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P YOUNG, HERBERT A 1546 POPLAR DRIVE ORMOND BEACH FL 32174</b> <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	<b>VP YOUNG, ROBIN A 1546 POPLAR DRIVE ORMOND BEACH FL 32174</b> <input checked="" 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	
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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.					
<b>SIGNATURE: <u>Herbert A. Young II</u> HERBERT A. YOUNG II</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>3/14/04</b> Daytime Phone # <b>386-673-3595</b>	