


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # P03000090602 1. Entity Name F. D. SMICKLE & ASSOCIATES, INC.		
Principal Place of Business 1811 US HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32084 US		Mailing Address 1811 US HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32084 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMICKLE, FREDERICK D 1811 US HIGHWAY 1 SOUTH ST. AUGUSTINE, FL 32084		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		000000477131 04/06/06-80040-003 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	SMICKLE, FREDERICK D	
STREET ADDRESS	132 HONDO DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	VP	
NAME	SMICKLE, GAYLE D	
STREET ADDRESS	132 HONDO DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086	
TITLE	SEC	
NAME	SMICKLE, STEVEN G	
STREET ADDRESS	1001 OAK CREST ROAD	
CITY-ST-ZIP	ORLANDO, FL 32829	
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 exemptions contained in Chapter 119, 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: <u>GAYLE D. SMICKLE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>MARCH 20 2006</u> (904) 819-9770 <small>Date Daytime Phone #</small>