

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 JUN -8 AM 11:32

DOCUMENT #

1. Entity Name

P-03000/03434



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2. Principal Place of Business - No P.O. Box #

5314 N. FALKENBURG RD

Suite, Apt. #, etc.

3. Mailing Address

5314 N. FALKENBURG RD

Suite, Apt. #, etc.

CR2E034B (5/07)

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

20-0239168

Applied For

Not Applicable

Zip

33610

Country

U.S.

Zip

33610

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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7. Name and Address of Current Registered Agent

Name

SMITH, RANDALL T

Street Address (P.O. Box Number is Not Acceptable)

5314 N. FALKENBURG RD

City

TAMPA

FL

Zip Code

33610

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

6/5/12

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

100236044071

06/07/12-01022-025 \*\*150.00

10. OFFICERS AND DIRECTORS

TITLE

PRES

NAME

SMITH, RANDALL T

STREET ADDRESS

5413 N. FALKENBURG RD

CITY-ST-ZIP

TAMPA, FL 33610

TITLE

SEC

NAME

SMITH, RENE

STREET ADDRESS

5314 N. FALKENBURG RD

CITY-ST-ZIP

TAMPA, FL 33610

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

6/5/12

Date

813-631-1008

Daytime Phone #