

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90075 001 ***150.00

DOCUMENT # P03000107678

1. Entity Name

OTIS SMITH CORPORATION



Principal Place of Business

4590 HICKORY TREE ROAD
ST. CLOUD, FL 34772

Mailing Address

4590 HICKORY TREE ROAD
ST. CLOUD, FL 34772

2. Principal Place of Business

949 CR 482D

Suite, Apt. #, etc.

3. Mailing Address

949 CR 482D

Suite, Apt. #, etc.



01272005

Chg-P

CR2E034 (10/03)

City & State

Lake Panasoffkee

Zip

33538

Country

Sumter

City & State

Lake Panasoffkee

Zip

33538

Country

Sumter

4. FEI Number

20-0261844

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, OTIS E

4590 HICKORY TREE ROAD
ST. CLOUD, FL 34772

7. Name and Address of New Registered Agent

Name

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

949 CR 482D

City

Lake Panasoffkee

FL

Zip Code

33538

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> Delete
NAME	SMITH, OTIS E	
STREET ADDRESS	4590 HICKORY TREE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE	VT	<input type="checkbox"/> Delete
NAME	SMITH, PHYLLIS G	
STREET ADDRESS	4590 HICKORY TREE ROAD	
CITY-ST-ZIP	ST. CLOUD, FL 34772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	949 CR 482D	
CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	949 CR 482D	
CITY-ST-ZIP	Lake Panasoffkee, FL 33538	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Phyllis G. Smith 1/27/05 352-793641