

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000107678

FILED
Jul 14, 2005
Secretary of State

Entity Name: OTIS SMITH CORPORATION

Current Principal Place of Business:

949 COUNTY ROAD 482 D
LAKE PANASOFFKEE, FL 33538

New Principal Place of Business:

882 COUNTY ROAD 457
LAKE PANASOFFKEE, FL 33538

Current Mailing Address:

949 COUNTY ROAD 482 D
LAKE PANASOFFKEE, FL 33538

New Mailing Address:

882 COUNTY ROAD 457
LAKE PANASOFFKEE, FL 33538

FEI Number: 20-0261844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, OTIS E
949 COUNTY ROAD 482 D
LAKE PANASOFFKEE, FL 33538 US

Name and Address of New Registered Agent:

SMITH, OTIS E
882 COUNTY ROAD 457
LAKE PANASOFFKEE, FL 33538 US

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.

SIGNATURE: OTIS E SMITH

07/14/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: SMITH, OTIS E
Address: 949 COUNTY ROAD 482 D
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VT () Delete
Name: SMITH, PHYLLIS G
Address: 949 COUNTY ROAD 482 D
City-St-Zip: LAKE PANASOFFKEE, FL 33538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: SMITH, OTIS E
Address: 882 COUNTY ROAD 457
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: VT (X) Change () Addition
Name: SMITH, PHYLLIS G
Address: 882 COUNTY ROAD 457
City-St-Zip: LAKE PANASOFFKEE, FL 33538

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTIS E SMITH

PS

07/14/2005

Electronic Signature of Signing Officer or Director

Date