

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128240

FILED
May 03, 2004
Secretary of State

Entity Name: SMART MONEY FINANCIAL CORP.

Current Principal Place of Business:

2317 BLANDING BLVD.
SUITE 205E
JACKSONVILLE, FL 32210

New Principal Place of Business:

550 WATER STREET
SUITE 1359
JACKSONVILLE, FL 32202

Current Mailing Address:

2317 BLANDING BLVD.
SUITE 205E
JACKSONVILLE, FL 32210

New Mailing Address:

550 WATER STREET
SUITE 1359
JACKSONVILLE, FL 32202

FEI Number: 20-0370552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DC FINANCIAL SOLUTIONS INC
1236 S. MCDUFF AVE.
SUITE 109
JACKSONVILLE, FL 32205

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PITTMAN, KELVIN
Address: 1918 ELLA STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: V () Delete
Name: GOODEN, LAWRENCE
Address: 8286 ROCKY CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: PITTMAN, SEBERINA
Address: 1918 ELLA STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T () Delete
Name: ROGERS, CHARLENE
Address: 2317 BLANDING BLVD., #205E
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: COLEMAN, SAMUEL
Address: 2317 BLANDING BLVD., #205E
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: ROGERS, CHARLENE
Address: 5732 NORMANDY BLVD. #8
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: COLEMAN, SAMUEL
Address: 5732 NORMANDY BLVD. #8
City-St-Zip: JACKSONVILLE, FL 32210

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: KELVIN L. PITTMAN

P

05/03/2004

Electronic Signature of Signing Officer or Director

Date