


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

05-10-2004 90469 016 ***150.00
06-21-2004 90005 044 ***150.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P03000128451 1. Entity Name SMOAKS SERVICES, INC. | |  | |
| Principal Place of Business 1240 W. VOORHIS AVENUE DELAND, FL 32720 | | Mailing Address PO BOX 453 DELAND, FL 32721 | |
| 2. Principal Place of Business 1500 W. Brittain Ave Suite, Apt. #, etc. | | 3. Mailing Address P.O. Box 453 Suite, Apt. #, etc. | |
| City & State DeLand, FL Zip 32720 | | City & State DeLand, FL Zip 32721 | |
| Country Volusia | | Country Volusia | |
| 4. FEI Number 55-0855442 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SMOAK, CHARLES H 1240 W. VOORHIS AVENUE DELAND, FL 32720 | | 7. Name and Address of New Registered Agent Name Smoak, Charles H. Street Address (P.O. Box Number is Not Acceptable) 1500 W. Brittain Ave City DeLand FL Zip Code 32720 | |
| 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 <u><i>Charles H. Smoak</i></u> DATE <u>6/14/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP President Charles H. Smoak 1500 W. Brittain Ave. DeLand, FL 32720 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP V. President of Construction Charles S. Smoak 300 Vanote Rd. Pierson, FL 32180 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP V. President of Sales Christopher E. Church 1500 W. Brittain Ave. DeLand, FL 32720 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary Betty F. Church 1500 W. Brittain Ave. DeLand, FL 32720 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u><i>Charles H. Smoak</i></u> Charles H. Smoak <u>6/14/04</u> <u>352-357-7825</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

54058257



06152004 Chg-P CR2E034 (10/03)

Attachment 54058257
P03000128451

Smoaks Services, Inc.
P. O. Box 453
Deland, FL 32721-0453

June 14, 2004

Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

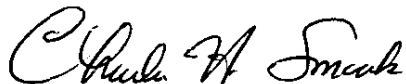
RE: Annual Report #P03000128451

Dear Sir:

Enclosed is my annual report for 2004 for my brand new corporation and my check # 7746 for \$150.00. Please disregard check #7715 that was sent in May.

Please accept this Annual Report (AR) form and my check.

Sincerely,



Charles H. Smoak, President

Enclosure