

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90115 041 \*\*\*150.00

DOCUMENT # P03000128451

1. Entity Name  
SMOAKS SERVICES, INC.



Principal Place of Business  
1500 W. BRITAIN AVE  
DELAND, FL 32720

Mailing Address  
PO BOX 453  
DELAND, FL 32721

00049660



2. Principal Place of Business

698 N. Palmetto Ct.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 453

Suite, Apt. #, etc.

04232005 Chg-P CR2E034 (10/03)

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

55-0855442

Applied For

Not Applicable

Zip

32720

Country

Volusia

Zip

32721

Country

Volusia

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMOAK, CHARLES H  
1500 W. BRITAIN AVE  
DELAND, FL 32720

7. Name and Address of New Registered Agent

Name

Smoak, Charles H

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

698 N. Palmetto Ct.

(P.O. Box 453 = mailing)

City

DeLand

FL

Zip Code

32721

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

Charles H. Smoak - President

4/29/05

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	P	<input type="checkbox"/> Delete
NAME	SMOAK, CHARLES H	
STREET ADDRESS	1500 W. BRITAIN AVE	
CITY - ST - ZIP	DELAND, FL 32720	
TITLE	CP	<input type="checkbox"/> Delete
NAME	SMOAK, CHARLES S	
STREET ADDRESS	300 CENOTE ROAD	
CITY - ST - ZIP	TITUSVILLE, FL 32780	
TITLE	CP	<input type="checkbox"/> Delete
NAME	CHURCH, CHRISTOPHER E	
STREET ADDRESS	1500 W. BRITAIN AVE	
CITY - ST - ZIP	DELAND, FL 32720	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHURCH, BETTY F	
STREET ADDRESS	1500 W. BRITAIN AVE	
CITY - ST - ZIP	DELAND, FL 32720	
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	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles H. Smoak	
STREET ADDRESS	698 N. Palmetto Ct.	
CITY - ST - ZIP	DeLand, FL 32721	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smoak, Charles S.	
STREET ADDRESS	300 Vannote Rd	
CITY - ST - ZIP	Dierson, FL 32180	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Church, Christopher E.	
STREET ADDRESS	1500 W. Britain Ave.	
CITY - ST - ZIP	DeLand, FL 32720	
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:

Charles H. Smoak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

Date

352-357-7825

Daytime Phone #