


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

02-19-2004 90012 003 \*\*\*150.00  
P03000129563

FILED

04 JUL 22 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
54008348

<b>DOCUMENT # P03000129563</b> 1. Entity Name <b>BOB G SMITH INC.</b>					
Principal Place of Business <b>2403 16ND ST. E. BRADENTON, FL 34211 US</b>			Mailing Address <b>2403 16ND ST. E. BRADENTON, FL 34211 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address  Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>52-2414322</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02052004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROBERT <input type="checkbox"/> Delete 2403 16ND ST. E BRADENTON, FL 34211		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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	
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	
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	
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: <i>Robert B. Smith</i> <b>owner</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-9-04 748-4581 <small>Date Daytime Phone #</small>		

7-19-04

BARBARA Mitchell  
DOCUMENT Specialist

I did NOT RECIEVE YOUR  
FORM FOR CORRECTION DATED 2-23-04

Bob G Smith Inc

2403 162<sup>ST</sup>E

BRADENTON FL

34211

52-2414322

Robert S. Smith