

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90059 028 \*\*\*150.00

**DOCUMENT # P03000133620**

1. Entity Name

LEE SMITH FENCE INSTALLATION & REPAIR, INC.



Principal Place of Business

12408 ELNORA DRIVE  
RIVERVIEW FL 33569

Mailing Address

12408 ELNORA DRIVE  
RIVERVIEW FL 33569

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MARION L  
12408 ELNORA DRIVE  
RIVERVIEW FL 33569

Name

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

City

**FL**

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

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition  
P Marion L. Smith  
12408 Elnora Dr.  
Riverview, FL 33569

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition  
S Ed Bolding  
12300 Phillips Ln #B  
Gibsonton, FL 33534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition  
V Kevin Smith  
12300 Phillips Ln #9  
Gibsonton, FL 33534

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST- ZIP ☐ Change ☐ 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:** *Marion L. Smith* Marion L. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04

Date

813-323-5102

Daytime Phone #