## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 02, 2004 8:00 am Secretary of State

|  |                       | AITITOAL                          | <u> </u>  |                     |  | -                              | SCCIC                | ary or                   | State               |
|--|-----------------------|-----------------------------------|---|---------------------|--|--------------------------------|----------------------|--------------------------|---------------------|
| DOCUMENT # P03000134828  1. Entity Name SMITH & GREENE, P.A.   |                       |                                   |   |                     |  | 04-02-2004 90024 042 ***150.00 |                      |                          |                     |
| Principal Place<br>4618 EMPIRI<br>JACKSONVILL  | E AVEN                | ŲE                                | Mailing Address<br>4618 EMPIRE AVENUE<br>JACKSONVILLE,, FL 3220 | )7                  |  |                                | ·                    | 54                       | 025409              |
| 2. Principal Pl  |                       |                                   | 3. Mailing Address  | ابر ا               |  |                                |                      |                          |                     |
| 550 W. Water Street 550 W. Water Suite, Apt. #, etc.   |                       |                                   |   | yer o               | reet   | 02092004                       | Chg-P                | CR2E034 (10/0            | 3)                  |
| Sude<br>City & State   |                       | 50                                | Ouct 1150   |                     |  | 4. FEI Number                  |                      | 01122004 (1070           | Applied For         |
| Jáck:  | XX)                   | alk FC                            | Jacksonville  | Country             |  |                                | 132668               | \$9.7E                   | Not Applicable      |
| 3220   | 2                     | Country                           | 32202   | <u>U51</u>          | 4  |                                | of Status Desired    | Fee Requ                 | Additional<br>uired |
| رے سویوں   | 6. N                  | lame and Address of Current F     | Registered Agent  | Nar                 | ne   | 7. Name and                    | Address of New R     | legistered Agent         |                     |
| SMITH, ANN K<br>4618 EMPIRE AVENUE   |                       |                                   |   |                     | Street Address (P.O. Box Number is Not Acceptable) |                                |                      |                          |                     |
|  | JACKSONVILLE FL 32207 |                                   |   |                     | 550 W. water Street                                |                                |                      |                          |                     |
|  |                       |                                   |   | City                | <u> </u>   | Vac V Socialle FL Zig Sodo 2   |                      |                          |                     |
| 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 |                       |                                   |   |                     |  |                                |                      |                          | ith, and accept     |
| the obligations of registered agent.   |                       |                                   |   |                     |  |                                |                      |                          |                     |
| SIGNATURE Signature bysed of preted 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  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                                   |                       |                                   |   |                     |  |                                |                      |                          |                     |
| 10.  |                       | OFFICERS AND (                    | DIRECTORS   | 11.                 | r  | ADDITIONS/                     | CHANGES TO OFF       | ICERS AND DIRECT         | <del></del>         |
| TITLE  | P<br>SMIT             | H, ANN K                          | ☐ Delete  | TITLE<br>NAME       |  |                                |                      | Chan                     | • –                 |
| STREET ADDRESS   | 4618                  | EMPIRE AVENUE                     |   | STREET ADDR         | I .  |                                | ER STREET<br>FL 3220 | , JUITE 113              |                     |
| TITLE  | VP                    |                                   | ☐ Delete  | TITLE               |  | AND WILL                       | PC JUGG              | D chan                   | ge Addition         |
| NAME<br>STREET ADDRESS   |                       | ENE, DEBORAH L<br>EMPIRE AVENUE   |   | NAME<br>STREET ADDR | RESS 559   | S W. WAT                       | ER STREET,           | שנותב וושט               |                     |
| CITY-S1-ZIP  |                       | SONVILLE, FL 32207                |   | CITY-ST-ZIP         | 1  |                                | E, FL 3              |                          |                     |
| TITLE  |                       |                                   | ☐ Delete  | TITLE<br>NAME       |  |                                | ·                    | ☐ Chan                   | ge 🔲 Addition       |
| STREET ADDRESS   |                       |                                   |   | STHEET ADDE         | - 1  |                                |                      |                          | _                   |
| TITLE  |                       | \$ - \( \cdot \)                  | ☐ Delete  | TITLE               | ·  |                                |                      | □ Chan                   | ge 🔲 Addition       |
| NAME   |                       |                                   | Delete  | NAME                |  |                                | 1                    |                          | •                   |
| STREET ADDRESS<br>CITY-ST-ZIP  | ļ                     |                                   |   | STREET ADDR         | 1  |                                | }                    |                          |                     |
| TITLE  |                       |                                   | ☐ Delete  | TITLE               |  |                                | /                    | Chan                     | ge 🔲 Addition       |
| NAME<br>STREET ADDRESS   |                       |                                   |   | NAME<br>STREET ADD  | RESS   |                                |                      |                          |                     |
| CITY-SI-ZIP  |                       |                                   |   | CITY-ST-ZIF         |  |                                |                      | Π ^.                     | no 🗀 saust          |
| THLE<br>NAME   |                       |                                   | ☐ Delete  | TITLE<br>NAME       |  |                                |                      | ☐ Chan                   | ige 🔲 Addition      |
| STREET ADDRESS   |                       |                                   |   | STREET ADD          |  | <del></del>                    | <u>-</u>             | · .                      |                     |
| 12. I hereby   | certify t             | hat the information supplied with | this filing does not qualify for t                              | 1                   |  | Section 119.07(3)(             | i), Florida Statutes | I further certify that t | he information      |
|  |                       |                                   |   |                     | to all lances on the                               |                                |                      | anth, that I am an of    | agor or director    |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(3)(i). Florida Statutes. I further certify that the information indicated on this/report or supplemental report is true and abcurate 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 tlustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone #