

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-02-2004 90024 042 \*\*\*150.00

**DOCUMENT # P03000134828**

1. Entity Name  
**SMITH & GREENE, P.A.**



Principal Place of Business  
**4618 EMPIRE AVENUE  
JACKSONVILLE, FL 32207**

Mailing Address  
**4618 EMPIRE AVENUE  
JACKSONVILLE, FL 32207**

**54025409**



2. Principal Place of Business  
**550 W. Water Street  
Suite 1150  
Jacksonville, FL  
32202 USA**

3. Mailing Address  
**550 W. Water Street  
Suite 1150  
Jacksonville, FL  
32202 USA**

02092004 Chg-P CR2E034 (10/03)

4. FEI Number  
**20-0432668**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, ANN K  
4618 EMPIRE AVENUE  
JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**550 W. Water Street  
Suite 1150  
Jacksonville FL 32202**

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 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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** ☐ Delete  
NAME **SMITH, ANN K**  
STREET ADDRESS **4618 EMPIRE AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE **VP** ☐ Delete  
NAME **GREENE, DEBORAH L**  
STREET ADDRESS **4618 EMPIRE AVENUE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32207**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **550 W. WATER STREET, SUITE 1150**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **550 W. WATER STREET, SUITE 1150**  
CITY-ST-ZIP **JACKSONVILLE, FL 32202**

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

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

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

TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #