

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 020 ***150.00

DOCUMENT # P03000137367

1. Entity Name
SMORE ENTERPRISES, INC.



Principal Place of Business
**525 S CREST AVE
CLEARWATER, FL 33756**

Mailing Address
**525 S CREST AVE
CLEARWATER, FL 33756**

44070831



2. Principal Place of Business **33756**
525 S. CREST AVE, CLW, FL.
Suite, Apt. #, etc. **N/A**
City & State **CLEARWATER, FLORIDA**
Zip **33756** Country **U.S.A.**

3. Mailing Address **33756**
525 S. CREST AVE, CLW, FL.
Suite, Apt. #, etc. **N/A**
City & State **CLEARWATER**
Zip **33756** Country **U.S.A.**

04222004 Chg-P CR2E034 (10/03)

4. FEI Number **20-0417373** Applied For ☐ Not Applicable ☒
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**SMORE, ROBERT F SR.
525 S CREST AVE
CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent
Name **ROBERT FRANKLIN SMORE SR.**
Street Address (P.O. Box Number is Not Acceptable) **525 S. CREST AVE.**
CLEARWATER, FL. 33756
City **FL** Zip Code **33756**

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**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMORE, ROBERT F	
STREET ADDRESS	525 S CREST AVE	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 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		
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		
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: **Robert F. Smore Sr.** **ROBERT F. SMORE SR.** **7/4/03/04** **727-804-6743**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #