


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State

03-07-2005 90262 038 ***150.00

| | |
|---|---|
| DOCUMENT # P04000024827 |  |
| 1. Entity Name SMILEY GRADING, INC. | |

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|---|---|
| Principal Place of Business 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043 | Mailing Address 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043 |
|---|---|

00000110



1st MOORE CR2E034 (10/04)

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 20-0731804 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LAYE, L B JR NORTH FLORIDA MANAGEMENT SYSTEMS, INC. 795-C BLANDING BLVD ORANGE PARK FL 32065 | |
|--|--|

| | |
|--|-------------|
| 7. Name and Address of New Registered Agent | |
| 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 _____ (NOTE: Registered Agent signature required when terminating) DATE _____

| | |
|--|--|
| FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CB SMILEY, TERRELL L 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMILEY, SUSAN C 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| 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"/> Change <input type="checkbox"/> Addition |
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| 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"/> 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: Terrell L. Smiley Terrell L. Smiley 3-3-05
Date Daytime Phone #

904-282-5285