

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90187 027 \*\*\*158.75

**DOCUMENT # P04000033509**

1. Entity Name

**SMSEC HOLDINGS INCORPORATED**



Principal Place of Business

Mailing Address

**7261 TOUCAN TRAIL  
SPRING HILL FL 34606**

**7261 TOUCAN TRAIL  
SPRING HILL FL 34606**

**50023874**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

**13216 US Hwy 19**

Suite, Apt. #, etc.

**SUITE A**

**HUDSON FLORIDA**

**Zip  
34667**

**Country  
PASCO**

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**13-4573934**

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

**VAN HEERDEN, SHARON L MISS  
7261 TOUCAN TRAIL  
SPRING HILL FL 34606**

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, 2005 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
VAN HEERDEN, SHARON L MISS  
7261 TOUCAN TRAIL  
SPRING HILL FL 34606**

☐ Delete

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

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☐ 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:

**SHARON VAN HEERDEN**

**SHARON VAN HEERDEN**

**03-01-05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #