

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 13, 2005 8:00 am
Secretary of State

07-13-2005 90014 049 ***550.00

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07052005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000119160 1. Entity Name SMK ACQUISITIONS INC.			
Principal Place of Business 408 W. UNIVERSITY AVE STE 1101 GAINESVILLE, FL 32601		Mailing Address 408 W. UNIVERSITY AVE STE 1101 GAINESVILLE, FL 32601	
2. Principal Place of Business 13351 Progress Blvd Suite, Apt. #, etc.		3. Mailing Address 13351 Progress Blvd Suite, Apt. #, etc.	
City & State Alachua, Florida Zip 32615 Country USA		City & State Alachua, Florida Zip 32615 Country USA	
4. FEI Number 80-0119112		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 KINSELL, STEVEN MILES 408 W. UNIVERSITY AVE STE 1101 GAINESVILLE, FL 32601		7. Name and Address of New Registered Agent Name Richard Staab Street Address (P.O. Box Number is Not Acceptable) 13351 Progress Blvd. City Alachua FL Zip Code 32615	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D <input type="checkbox"/> Delete KINSELL, STEVEN MILES 408 W. UNIVERSITY AVE STE 1101 GAINESVILLE, FL 32601	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MARTI, JOHN EDWARD 1221 NW 107 TER GAINESVILLE, FL 32608	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete STAAB, RICHARD A 6319 SW 37 WAY GAINESVILLE, FL 32608	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"/> Delete	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"/> Delete	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"/> Delete	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:		Richard A. Staab 7/8/05 386-462-5220 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	