

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90293 041 ***150.00

DOCUMENT # P04000146609

1. Entity Name
THE SMILE DESIGN STUDIO, INC.



Principal Place of Business
1471 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

Mailing Address
1471 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

60044410



2. Principal Place of Business
1471 FOXTAIL CT
Suite, Apt. #, etc.

3. Mailing Address
1471 FOXTAIL CT.
Suite, Apt. #, etc.

04192005 Chg-P CR2E034 (10/03)

City & State
LAKE MARY, FL
Zip 32746 Country USA

City & State
LAKE MARY, FL
Zip 32746 Country USA

4. FEI Number
20-1957796
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FALCO, MARK A
1471 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746

7. Name and Address of New Registered Agent

Name
Mark A. Falco
Street Address (P.O. Box Number is Not Acceptable)

1471 Foxtail Ct.
City Lake Mary FL Zip Code 32746

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 *Mark A. Falco*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-19-05
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE
NAME D
STREET ADDRESS FALCO, MARK A
CITY-ST-ZIP 1471 REDWOOD GROVE TERRACE
LAKE MARY, FL 32746 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1471 FOXTAIL CT
CITY-ST-ZIP LAKE MARY, FL 32746 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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: *Mark A. Falco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-05 407-415-6409
Date Daytime Phone #