2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000147156

City-St-Zip:

() Delete

Title:

Name:

Address:

City-St-Zip:

FILED Sep 07, 2005 Secretary of State

2001		00117100			Occircially of	Otate	
Entity Nai	me: SMITH'S N	IOVING SERVICES, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
780 BELL LEHIGH, F							
Current Mailing Address:			New Maili	New Mailing Address:			
780 BELL LEHIGH, F							
FEI Number:		FEI Number Applied For (X)	FEI Number Not Applicable ()		Certificate of Status Desi	red ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
	& UTRERA, P.A 22 ST 4TH FL 33145 US						
The above in the State	named entity su of Florida.	ıbmits this statement for the p	ourpose of changing i	its registered	office or registered agen	t, or both,	
SIGNATU	RE:						
	Electronic	Signature of Registered Age	ent	Date			
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PVST ()[SMITH, ALAIN 780 BELL BLVD LEHIGH, FL 339	Delete 36	Title: Name: Address: City-St-Zip:	P (SMITH, ALAIN 780 BELL BL LEHIGH, FL	VD		
Title: Name: Address: City-St-Zip:	D () [SMITH, ALAIN 780 BELL BLVD LEHIGH, FL 339	Delete	Title: Name: Address: City-St-Zip:	SMITH, REYN	ITA BARBARA		
Title: Name:]()	Delete	Title: Name:	T (

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

LEHIGH ACRES, FL 33936

SMITH, MICAL

780 BELL BLVD LEHIGH ACRES, FL 33936

() Change (X) Addition

SIGNATURE: ALAIN SMITH P 09/07/2005