2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2005 8:00 am Secretary of State 03-21-2005 90069 032 ***150.00

DOCUMENT # P04000161048 1. Entity Name DEAN SMOAK, INC.						03-21-2005	90069 03:	2 ***150).00
Principal Place of Business Mailing Address					1				
2624 STATE RD. 16 WEST GREEN COVE SPRINGS, FL 32043 2624 STATE RD. 16 WEST GREEN COVE SPRINGS, FL 32043				043		18111 A1GU AGU BRU AT	IBI MBIP BIIBI MBII	PBIII BIBYI 1871	MM) (()20)
Principal Place of Business 3. Mailing Address					-				
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152005	Chg-P	CR2E03	4 (10/03)	· ·	
City & State		City & State		4. FEI Numbe	95223		No	plied For Applicable	
Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SMOAK, WALTER D				Name					
2624 STATE RD. 16 WEST GREEN COVE SPRINGS, FL 32043			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									
And the substantial testing in tableston after 6 in this emborrons. The consideration after the consideration is seen after the consideration of the conside									
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.					5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OF	FICERS AND I	DIRECTORS	S IN 11
TITLE	PSTD	☐ Delete	TITL					Change	☐ Addition
NAME STREET ADDRESS	SMOAK, WALTER D 2624 STATE RD. 16 WEST			EET ADDRESS					
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NAME .			NAM	AE EET ADDRESS					
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NAME STREET ADORESS			NAI STE	ME BEET ADDRESS					
J SINCE I AUUKESS									
C:11Y-\$1-ZIP -				Y-ST-ZIP					

Indicated on this report or supplied with this filling does not qualify for the exhibition state in oecution 1130/300, honor actions a fitting coes not qualify for the exhibition state in oecution of this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an efficier 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR