

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90025 018 \*\*\*150.00



**DOCUMENT # P05000121927**

1. Entity Name  
**BEV SMITH OF FORT PIERCE II, INC.**

Principal Place of Business Mailing Address  
**5655 US HIGHWAY #1 5655 US HIGHWAY #1**  
**FT. PIERCE, FL 34982 FT. PIERCE, FL 34982**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04012008 Chg-P CR2E034 (12/06)

4. FEI Number **20-3422193** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, NICHOLAS S**  
**1210 NORTHLAKE BLVD.**  
**LAKE PARK, FL 33403**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, NICHOLAS S	
STREET ADDRESS	1210 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, NICHOLAS S	
STREET ADDRESS	1210 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, NICHOLAS S	
STREET ADDRESS	1210 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, NICHOLAS S	
STREET ADDRESS	1210 NORTHLAKE BOULEVARD	
CITY-ST-ZIP	LAKE PARK, FL 33403	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Delete
NAME	FRANK X. GONZALEZ	
STREET ADDRESS	5655 South U.S. Hwy 1	
CITY-ST-ZIP	FT. PIERCE, FL 34982	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 title empowered.

SIGNATURE: Frank X. Gonzalez \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_