


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-22-2006 90026 042 ***150.00

DOCUMENT # P05000136047
 1. Entity Name
MARK L. SMITH, P.A.



Principal Place of Business Mailing Address
4820 WEST COMMERCIAL BLVD. **4820 WEST COMMERCIAL BLVD.**
TAMARAC FL 33319 **TAMARAC FL 33319**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
20-3533028 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/05)



6. Name and Address of Current Registered Agent
SMITH, MARK L
4820 WEST COMMERCIAL BLVD.
TAMARAC FL 33319

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	SMITH, MARK L
STREET ADDRESS	4820 WEST COMMERCIAL BLVD.
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	D <input type="checkbox"/> Delete
NAME	SMITH, MARK L
STREET ADDRESS	4820 WEST COMMERCIAL BLVD.
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	S <input type="checkbox"/> Delete
NAME	SMITH, MARK L
STREET ADDRESS	4820 WEST COMMERCIAL BLVD.
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	T <input type="checkbox"/> Delete
NAME	SMITH, MARK L
STREET ADDRESS	4820 WEST COMMERCIAL BLVD.
CITY-ST-ZIP	TAMARAC FL 33319
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 Section 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 like empowered.

SIGNATURE: Mark L Smith **MARK L SMITH** 3/10/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #