


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 03, 2004 08:00 AM
Secretary of State**

| | |
|---|---|
| DOCUMENT # P33844 1. Entity Name T.J. SMITH & ASSOCIATES, INC. |  |
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|---|---|
| Principal Place of Business 1594 VAN HERCKE LANE CHULUOTA, FL 32766 | Mailing Address 1594 VAN HERCKE LANE CHULUOTA, FL 32766 |
|---|---|



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|-----------------------------------|
| 4. FEI Number 52-1210993 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SMITH, THOMAS JAMES 1594 VAN HERCKE LANE CHULUOTA, FL 32766 |
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

1100000154421

05/04/04-80167-002 150.00

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PC SMITH, THOMAS JAMES 1594 VAN HERCKE LANE CHULUOTA, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HOFFMAN, GEORGE A 2127 SARANAC STREET ADELPHI, MD |
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IN THIS SPACE**

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: Dr. Thomas James Smith 04/26/04 (407) 366-1937
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #