

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000029520

1. Entity Name
TEKSMITH, INC.



Principal Place of Business
**3245 N COURTENAY PARKWAY
MERRITT ISLAND, FL 32952**

Mailing Address
**720 AVOCADO DRIVE
MERRITT ISLAND, FL 32953**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3174055

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SMITH, MARLENE W
720 AVOCADO DRIVE
MERRITT ISLAND, FL 32953**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**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**

**U00000033925
02/05/04-80062-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SMITH, MARLENE W**
STREET ADDRESS **720 AVOCADO**
CITY - ST - ZIP **MERRITT ISLAND, FL 32953**

TITLE **D**
NAME **FARLEY, SUSAN S**
STREET ADDRESS **720 AVOCADO**
CITY - ST - ZIP **MERRITT ISLAND, FL 32953**

TITLE **D**
NAME **SMITH, DONALD L**
STREET ADDRESS **720 AVOCADO**
CITY - ST - ZIP **MERRITT ISLAND, FL 32953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
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:

Marlene W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 321-452-5493
Date Daytime Phone #