

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000076199

1. Entity Name
SMOOTH OPERATORS EQUIPMENT, INC.



Principal Place of Business

1051 E MAIN ST
IMMOKALEE, FL 34142 US

Mailing Address

P O BOX 1572
IMMOKALEE, FL 34143 US



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0451386

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIMS, PRESTON T
20 IRWIN AVE
LEHIGH ACRES, FL 33936

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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

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

1100000064805
02/25/04-80009-019 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
MIMS, PRESTON T
20 IRWIN AVE
LEHIGH ACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
MIMS, ALTON LOUIS
5 WILLINGTON AVENUE
LEHIGH ACRES, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(f), 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:

Preston T. Mims
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/04
Date

Daytime Phone #