

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90044 014 ***150.00

DOCUMENT # P94000006039

1. Entity Name

SMITHPOINTE, INC.



Principal Place of Business

2626 CRYSTAL COURT COVE
JACKSONVILLE FL 32224

Mailing Address

2626 CRYSTAL COURT COVE
JACKSONVILLE FL 32224

2. Principal Place of Business

5110 University BLDW-100

3. Mailing Address

same

Suite, Apt. #, etc.

Jacksonville Fla.

Suite, Apt. #, etc.

City & State

City & State

Zip

32216

Country

USA

Zip

32216

Country

4. FEI Number

64-0839414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEWART A
2626 CRYSTAL COURT COVE
JACKSONVILLE FL 32224

change
Address

7. Name and Address of New Registered Agent

Name

Stewart A Smith Jr

Street Address (P.O. Box Number is Not Acceptable)

5110 University BLDW-100

City

Jacksonville FL

FL

Zip Code

32216

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

3/12/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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
NAME SMITH, STEWART A JR.
STREET ADDRESS P.O. BOX 1367 N/A
CITY-ST-ZIP MCCOMB MS 39648

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Stewart A Smith Jr
NAME President
STREET ADDRESS 5110 University BLDW Jacksonville
CITY-ST-ZIP FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/04