

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 25, 2004 08:00 AM
Secretary of State**

DOCUMENT # P94000064788

1. Entity Name
ROY D. SMITH & ASSOCIATES, P.A.



Principal Place of Business
**1600 S.E. 17TH STREET
SUITE #400
FORT LAUDERDALE, FL 33316**

Mailing Address
**1600 S.E. 17TH STREET
SUITE #400
FORT LAUDERDALE, FL 33316**



03222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0517272

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, ROY D
1600 S.E. 17TH STREET
SUITE #400
FORT LAUDERDALE, FL 33316**

**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

**000000096331
03/25/04-80024-025 158.75**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, ROY D
STREET ADDRESS	333 SUNSET DRIVE, #508
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	V
NAME	SMITH, JENNIFER J
STREET ADDRESS	333 SUNSET DRIVE, #508
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	ST
NAME	FITZSIMMONS, BARBARA
STREET ADDRESS	51 SE 11TH STREET
CITY-ST-ZIP	POMPAÑO BEACH, FL 33060
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04 954-761-1800

Date

Daytime Phone #

BARBARA J. FITZSIMMONS, TREAS.