

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90046 042 ***150.00

DOCUMENT # P94000072515	
1. Entity Name J. SMITH MARKETING, INC.	



Principal Place of Business 1100 CLEVELAND ST. SUITE 919 CLEARWATER, FL 33755	Mailing Address 1100 CLEVELAND ST. SUITE 919 CLEARWATER, FL 33755
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20024809



2. Principal Place of Business 801 W. BAY DRIVE Suite, Apt. #, etc. SUITE 515 City & State LARGO FLA. Zip 33770 Country USA	3. Mailing Address 801 W. BAY DRIVE Suite, Apt. #, etc. SUITE 515 City & State LARGO FL. Zip 33770 Country USA
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03242006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CLARK, THOMAS E 1100 CLEVELAND STREET, SUITE 919 CLEARWATER, FL 34615	
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4. FEI Number 59-3273657	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent Name CLARK, THOMAS E. Street Address (P.O. Box Number is Not Acceptable) 801 W. BAY DRIVE SUITE 515 City LARGO FL Zip Code 33770	
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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: <i>Thomas E. Clark</i> <small>Signature, print or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLARK, THOMAS E. 1100 CLEVELAND ST. STE 919 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Thomas E. Clark</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date	Daytime Phone #
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