



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90138 031 ***150.00

DOCUMENT # P94000088316					
1. Entity Name SMART CONNECTIONS, INC.					
Principal Place of Business 3920 BEE RIDGE RD BLDG A STE B SARASOTA, FL 34233			Mailing Address 3920 BEE RIDGE RD BLDG A STE B SARASOTA, FL 34233		
2. Principal Place of Business 2427 PORTER LAKE DRIVE Suite, Apt. #, etc. #100		3. Mailing Address 3700 S. OSPREY AVE Suite, Apt. #, etc. #203			
City & State SARASOTA FL		City & State SARASOTA FLA		4. FEI Number 65-0540687	
Zip 34240		Country USA		City & State SARASOTA FL	
Zip 34239		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHLOSSER, GABRIEL J 4910 AVON LANE SARASOTA, FL 34238			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME DANIELS, SALLY A		<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3920 BEE RIDGE RD BLDG A STE B	CITY-ST-ZIP APO, AA 34033			NAME WILLIAM D. FOLZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3920 BEE RIDGE RD BLDG A STE B	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS 3700 S. OSPREY AVE #203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME FOLZ, CAROLE A		<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3920 BEE RIDGE RD BLDG A STE B	CITY-ST-ZIP SARASOTA, FL 34233			NAME CAROLE A. FOLZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3920 BEE RIDGE RD BLDG A STE B	CITY-ST-ZIP SARASOTA, FL 34233			STREET ADDRESS 3700 S. OSPREY AVE #203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME FOLZ, CAROLE A		<input checked="" type="checkbox"/> Delete	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3920 BEE RIDGE RD BLDG A STE B	CITY-ST-ZIP SARASOTA, FL 34233			NAME CAROLE A. FOLZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>William D. Folz, V.P.</u> (941) 321-8600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: April 9, 2005					