


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
Feb 02, 2004 08:00 AM  
Secretary of State

**DOCUMENT # P95000006796 -**

1. Entity Name  
**DALE PROPERTIES, INC.**



Principal Place of Business  
**ELLA MAE SMITH  
12694 NORTH BOULEVARD  
TAMPA FL 33612  
US**

Mailing Address  
**ELLA MAE SMITH  
P.O. BOX 280116  
TAMPA FL 33682**



MOORE CR2E034 (11/03)

2. Principal Place of Business  
Suite, Apt #, etc

3. Mailing Address  
Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number **59-3286754**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ELLA M  
12694 NORTH BOULEVARD  
PO BOX 280116  
TAMPA FL 33612**

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 *Ella Mae Smith (Ella Mae Smith) Pres.* 1-28-04

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when contesting) DATE

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SMITH, ELLA MAE 12694 N BLVD TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, EUGENE 12694 N BLVD TAMPA FL 33612	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, BARBARA 14494 OLD HUNTER ROAD BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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"/> Change <input type="checkbox"/> Addition

U00000027374  
02/03/04-80044-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ella Mae Smith (Ella Mae Smith)* 1-28-04 813-363-1305

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when contesting) DATE Daytime Phone #