

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000014792

1. Entity Name
SMITH BROKERAGE AND CONSULTING SERVICES, INC.



Principal Place of Business
**4776 OLD DIXIE HWY
VERO BEACH, FL 32967**

Mailing Address
**4776 OLD DIXIE HWY
VERO BEACH, FL 32967**

DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number **65-0565929** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**GARRIS, CHARLES E
817 BEACHLAND BLVD
VERO BEACH, FL 32963**

**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 ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SMITH, ELSON R JR**
STREET ADDRESS **649 LAKE DR**
CITY - ST - ZIP **VERO BEACH, FL 32963**

TITLE **D**
NAME **RITTER, SUSAN SMITH**
STREET ADDRESS **111 JOHN'S ISLAND DR**
CITY - ST - ZIP **VERO BEACH, FL**

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01/12/04-80029-005 150.00

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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)(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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E.R. Smith

1/07/04

Date

(772) 567-3421

Daytime Phone #