


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90030 015 \*\*\*150.00

**DOCUMENT # P95000025554**

1. Entity Name  
**SMITH MARINE ENTERPRISES, INC.**



Principal Place of Business  
**2420-1 CONCORD DRIVE  
 FORT MYERS, FL 33901**

Mailing Address  
**2420-1 CONCORD DRIVE  
 FORT MYERS, FL 33901**

**50059136**



2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.  
**SUITE 1-4**

Suite, Apt. #, etc.

07282005 Chg-P CR2E034 (10/03)

City & State  
**FORT MYERS FLORIDA**

City & State

4. FEI Number  
**65-0569815**

Applied For  
 Not Applicable

Zip  
**33901**

Country  
**UNITED STATES**

Zip Country

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

6. Name and Address of Current Registered Agent  
**SMITH Y, DONALD C  
 2420-1 CONCORD DRIVE  
 FORT MYERS, FL 33901**

7. Name and Address of New Registered Agent  
 Name **DONALD C. SMITH**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2420-1 CONCORDE DR.**  
 City **FORT MYERS** **FL** Zip Code **33901**

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  DATE **7/29/05**

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

**FILE NOW!!! FEE IS \$150.00  
 Due by September 7, 2005**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, DONALD C 2420-1 CONCORD DRIVE FORT MYERS, FL 33901	<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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:  DATE **7/28/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR