

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90316 034 ***150.00

DOCUMENT # P95000027224					
1. Entity Name SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES OF FLORIDA, INC.					
Principal Place of Business 100 SOUTH ASHLEY DR. SUITE 350 TAMPA, FL 33602			Mailing Address 750 HAMMOND DR BLDG 12 STE 100 ATLANTA, GA 30328 US		
2. Principal Place of Business 550 Reo Street Suite, Apt. #, etc. Suite 300		3. Mailing Address Suite, Apt. #, etc.			
City & State Tampa, FL		City & State		4. FEI Number 59-3304759	
Zip 33609		Country USA		Zip Country	
6. Name and Address of Current Registered Agent BENNING, MICHAEL F 100 SOUTH ASHLEY DR. SUITE 350 TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Michael F. Benning Street Address (P.O. Box Number is Not Acceptable) 550 Reo Street Suite 300 City Tampa	
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: 4/15/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	D SMALLWOOD, PHILLIP L 3565 PEIDMONT RD, SUITE 303 ATLANTA, GA 30305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REYNOLDS, WILLIAM D 3565 PEIDMONT RD, STE. 303 ATLANTA, GA 30305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC STEWART, HOWARD H 3565 PEIDMONT RD, STE. 303 ATLANTA, GA 30305	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNING, MICHAEL F 100 S. ASHLEY DRIVE, STE. 350 TAMPA, FL 33602	<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				
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: 			April 18, 2005 404-233-5453 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Howard H. Stewart, President					