


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000101318</b> 1. Entity Name <b>SMITH &amp; SONS DEV. &amp; MGMT. CORP.</b>	
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Principal Place of Business <b>4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990 US</b>	Mailing Address <b>P O BOX 518 PALM CITY, FL 34990</b>
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03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0833006</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SMITH, GERALD A  
4114 SW GLENEAGLE CIRCLE  
PALM CITY, FL 34990**

**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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>UD00000126143 04/23/04-80022-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, GERALD A 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, CONNIE L 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, VAUGHN E 6021 SE LANDINGS WAY #7 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, GERAUD B 7594 N 8TH STREET FRESNO, CA 93720
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:** *Connie L Smith* **CONNIE L. SMITH** **4-20-04** **772-221-1023**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #