
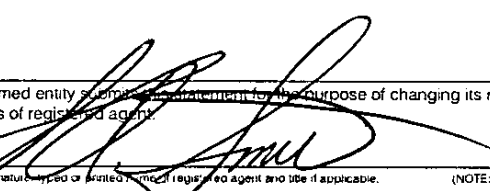
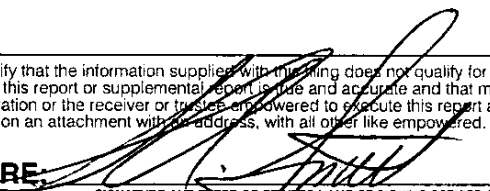


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90033 023 ***150.00

DOCUMENT # P96000101318 1. Entity Name SMITH & SONS DEV. & MGMT. CORP.					
Principal Place of Business 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990 US			Mailing Address P O BOX 518 PALM CITY, FL 34990		
2. Principal Place of Business 1160 SW Chapman Way		3. Mailing Address			
Suite, Apt. #, etc. 204		Suite, Apt. #, etc.			
City & State Palm City, FL		City & State			
Zip 34990		Country Martin		Zip	
Country		4. FEI Number 65-0833006			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, GERALD A 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Gerald A. Smith Street Address (P.O. Box Number is Not Acceptable) 1160 SW Chapman Way 204 City Palm City FL Zip Code 34990		
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 1-28-05 <small>(NOTE: Registered Agent signature required when registering)</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 SMITH, GERALD A 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CONNIE L 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, VAUGHN E 6021 SE LANDINGS WAY #7 STUART, FL 34997	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GERAUD B 7594 N 8TH STREET FRESNO, CA 93720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, GERALD A 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CONNIE L 4114 SW GLENEAGLE CIRCLE PALM CITY, FL 34990	<input type="checkbox"/> Delete			
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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 my address, with all other like empowered.					
SIGNATURE  DATE 1-28-05 772-215-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					