

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000054022

1. Entity Name
**SMITH, CLARK, DELESIE, BIERLEY, MUELLER & KADYK,
P.A.**



Principal Place of Business
**100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**

Mailing Address
**100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3453830** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, H. VANCE
100 NORTH TAMPA STREET
SUITE 2120
TAMPA, FL 33602**

**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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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 **D**
NAME **CLARK, ROBERT W**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **BIERLEY, JOHN C**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **DELESIE, JAMES C SR.**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **DELESIE, J. CRAIG JR.**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **KADYK, D. JAMES**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

TITLE **D**
NAME **MUELLER, JOHN H**
STREET ADDRESS **100 N. TAMPA ST., STE. 2120**
CITY-ST-ZIP **TAMPA, FL 33602**

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07/09/04-80008-007 150.00

**DO NOT WRITE
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)(f), 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

H. VANCE SMITH, President

Date

6/30/04

Daytime Phone #

813-226 1880