

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000068567

1. Entity Name
KEN SMYTHE ENTERPRISES, INC.

Principal Place of Business
**19642 TROPHY DR.
BOCA RATON, FL 33498**

Mailing Address
**19642 TROPHY DR.
BOCA RATON, FL 33498**

**FILED
Jan 23, 2004 8:00 am
Secretary of State**

01-23-2004 90037 008 ***150.00



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0772671	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMYTHE, KEN
19642 TROPHY DR.
BOCA RATON, FL 33498**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **SMYTHE, KEN**
STREET ADDRESS **19642 TROPHY DR.**
CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

**Ken Smythe
President**

1/18/04

561-852-8800

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR