

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000077303**

1. Entity Name  
**SMART FINANCE, INC.**



Principal Place of Business

3100 CLAY ST  
SUITE 275  
ORLANDO, FL 32804

Mailing Address

3100 CLAY ST  
SUITE 275  
ORLANDO, FL 32804



**DO NOT WRITE IN THIS SPACE**

02022005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3467827

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KRAMER, STUART A  
3100 CLAY ST  
SUITE 275  
ORLANDO, FL 32804

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVST  
KRAMER, STUART A  
3100 CLAY ST SUITE 275  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HAMNER, DWAYNE R  
3100 CLAY ST SUITE 275  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
KRAMER, SUMNER  
3100 CLAY ST SUITE 275  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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02/16/05-80033-024 150.00

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

Stuart Kramer

2/15/05

Date

(407)896-9059

Daytime Phone #