

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 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**



03032006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DVST
NAME	KRAMER, STUART A
STREET ADDRESS	3100 CLAY ST SUITE 275
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DP
NAME	HAMNER, DWAYNE R
STREET ADDRESS	3100 CLAY ST SUITE 275
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DV
NAME	KRAMER, SUMNER
STREET ADDRESS	3100 CLAY ST SUITE 275
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/06-80035-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Stuart Kramer **STUART KRAMER** 3/15/2006 407-896-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #