


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # P97000090444  
1. Entity Name  
KAREN ROSE SMITH P.A.



Principal Place of Business: 229 SILVERADO DR, NAPLES, FL 34119  
Mailing Address: 229 SILVERADO DR, NAPLES, FL 34119

**DO NOT WRITE IN THIS SPACE**



02132004 No Chg-P CR2E034 (10/03)  
4. FEI Number: 65-0789759 Applied For / Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
SMITH, KAREN R  
229 SILVERADO DR.  
NAPLES, FL 34119

**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: Karen R Smith President DATE: 2-13-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$350.00**

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	D SMITH, KAREN R 229 SILVERADO DR. NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000053063  
02/16/04-80116-016 158.75  
**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: Karen R Smith President DATE: 2-13-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #