
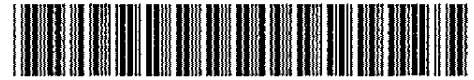


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 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
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent SMITH, KAREN R 229 SILVERADO DR. NAPLES FL 34119		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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: <i>Karen R Smith</i> <i>President</i> 1-31-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		



1st MOORE CR2E034 (10/04)

4. FEI Number **65-0789759** Applied For
Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete	NAME	SMITH, KAREN R	TITLE	U00000211564 <input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	NAME	02/02/05-B0123-008 158.75
STREET ADDRESS		STREET ADDRESS	229 SILVERADO DR.	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	NAPLES FL 34119	CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete	NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Amend	NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		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)(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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Karen R Smith* *President* 1-31-05 239-304-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #