

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # P98000002516

1. Entity Name  
SMITH AND ASSOCIATES OF PENSACOLA, INC.



Principal Place of Business  
10090 SCENIC HWY  
PENSACOLA FL 32514

Mailing Address  
10090 SCENIC HWY  
PENSACOLA FL 32514

2. Principal Place of Business  
Suite, Apt #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt #, etc.  
City & State  
Zip



1st MOORE CR2E034 (10/04)

4. FEI Number 59-3492515  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
BASS & SANDFORT ACCOUNTANTS, PA  
1301 W GARDEN STREET  
PENSACOLA FL 32501

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY - ST - ZIP	VSTD SMITH, C MILTON 10090 SCENIC HWY PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000333680 04/27/05-80015-006 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, ELLEN T 10090 SCENIC HWY PENSACOLA FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Ellen T. Smith President 4/22/05 (850) 477-0178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #