

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90094 018 ***150.00

DOCUMENT # P98000034677

1. Entity Name
BENEDICT SMITH DESIGN, INC.



Principal Place of Business
**455 4TH STREET SOUTH
LAKE WALES, FL 33853 US**

Mailing Address
**PO BOX 1678
LAKE WALES, FL 33859 US**

50033633



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0847670

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RHOADES, RON A
2420 NORTH ESSEX AVE.
HERNANDO, FL 34442**

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

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, 2005 Fee will be \$350.00.**

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
**V
SMITH, KENNEDY JR
900 SOUTHWEST KINGS BAY DRIVE
CRYSTAL RIVER, FL 344294849** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**9775 West Winn Court
Crystal River, FL 34429** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BENEDICT, GERALD L
142 LAMERAUX RD SE
WINTER HAVEN, FL 33834** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Gerald R. Benedict, Gerald R.
719 Heritage Drive
Winter Haven, FL 33881** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BENEDICT, JEANNE
142 LAMERAUX RD SE
WINTER HAVEN, FL 33884** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**719 Heritage Drive
Winter Haven, FL 33881** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, CAROL A
900 SOUTHWEST KINGS BAY DR
CRYSTAL RIVER, FL 344294849** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Smith, Carol A
9775 West Winn Court
Crystal River, FL 34429** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

4/1/05 863-678-3368