


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90300 018 ***150.00

DOCUMENT # P98000034677 1. Entity Name BENEDICT SMITH DESIGN, INC.					
Principal Place of Business 455 4TH STREET LAKE WALES, FL 33853 US			Mailing Address PO BOX 1678 LAKE WALES, FL 33859 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 9775 WEST WINN CT CRYSTAL RIVER, FL 34429 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Kennedy Jr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9775 West Wynn Ct <i>(Spelling of Street only)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BENEDICT, GERALD R 142 LAMERAUX RD SE WINTER HAVEN, FL 33834 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Benedict, Gerald R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 719 Heritage Dr. <i>(Change Street Address only)</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENEDICT, JEANNE 719 HERITAGE DR WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, CAROL A 9775 WEST WINN CT CRYSTAL RIVER, FL 344294649 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Smith, Carol A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9775 West Wynn Ct <i>change last name + street name only</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____, GERALD R. BENEDICT 4/29/06 863 6783368 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					