



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90195 010 ***150.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # P98000045911 1. Entity Name PHIL SMITH MANAGEMENT, INC. | | | |  | |
| Principal Place of Business 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | | | | Mailing Address 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 | |
| 2. Principal Place of Business 4250 N. Federal Hwy. | | 3. Mailing Address 4250 N. Federal Hwy. | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Lighthouse Point, FL | | City & State Lighthouse Point, FL | | 4. FEI Number 65-0838041 | |
| Zip 33064 Country | | Zip 33064 Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 S ORANGE AVENUE STE 1000 (JGH) ORLANDO, FL 32801-4626 | | | | 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 | | | 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 | DPS SMITH, PHILIP P 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V LUTTER, JON F 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4250 N. Federal Hwy. Lighthouse Point, FL 33064 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPAS DAYHOFF, MICHAEL R 1000 N. FEDERAL HWY POMPANO BEACH, FL 33062 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP-AS-T-CFO 4250 N. Federal Hwy. Lighthouse Point, FL 33064 | |
| 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 | |
| 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 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: <u><i>Michael R. Dayhoff</i></u> VP <u>4/27/05</u> (954) 867-1234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> MICHAEL R. DAYHOFF | | | | | |