

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000048534

Entity Name: MICHAEL A. SMITH, INC.

FILED  
Mar 25, 2004  
Secretary of State

**Current Principal Place of Business:**

1208 FOXRIDGE PL  
MELBOURNE, FL 32940

**New Principal Place of Business:**

597 HAVERTY COURT  
SUITE 80  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

1208 FOXRIDGE PL  
MELBOURNE, FL 32940

**New Mailing Address:**

597 HAVERTY COURT  
SUITE 80  
ROCKLEDGE, FL 32955

FEI Number: 59-3510461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, MICHAEL A  
1208 FOXRIDGE PLACE  
MELBOURNE, FL 32940

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, MICHAEL A  
Address: 1208 FOX RIDE PLACE  
City-St-Zip: MELBOURNE, FL 32940

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. SMITH

D

03/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date