

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


FILED

04 MAR 31 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03242004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P98000097771</b>			
1. Entity Name <b>SMITH FAMILY HOMES CORPORATION</b>			
Principal Place of Business <b>5110 EISENHOWER BLVD SUITE 160 TAMPA, FL 33634 US</b>		Mailing Address <b>5130 EISENHOWER BLVD SUITE 280 TAMPA, FL 33634 US</b>	
2. Principal Place of Business		3. Mailing Address <b>5110 EISENHOWER BLVD.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>SUITE 160</b>	
City & State		City & State <b>TAMPA, FL</b>	
Zip	Country	Zip	Country
<b>33634</b>	<b>U.S.A.</b>	<b>33634</b>	<b>U.S.A.</b>
4. FEI Number <b>59-3543245</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SMITH, RONALD G 312 TALL OAK TRAIL TARPON SPRINGS, FL 34689</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 _____			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P SMITH, RONALD G 312 TALL OAK TRAIL TARPON SPRINGS, FL 34689</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600031859846 04/06/04--01022--009 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SMITH, MARCUS G 12806 TAR FLOWER DR TAMPA, FL 33625</b> <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	<b>V SMITH, SCOTT A 27741 KIRKWOOD CIRCLE WESLEY CHAPEL, FL 33543</b> <input type="checkbox"/> Change <input checked="" 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
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: _____		3/24/04 813-887-5090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	