

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000050510

**FILED**  
**Apr 25, 2005**  
**Secretary of State**

**Entity Name:** LAW OFFICES OF EVERETT ALGERNON SMITH, P.A.

**Current Principal Place of Business:**

4801 SOUTH UNIVERSITY DRIVE  
SUITE 305  
DAVIE, FL 33328

**New Principal Place of Business:**

111 NORTH PINE ISLAND ROAD  
SUITE 105  
PLANTATION, FL 33324

**Current Mailing Address:**

4801 SOUTH UNIVERSITY DRIVE  
SUITE 305  
DAVIE, FL 33328

**New Mailing Address:**

111 NORTH PINE ISLAND ROAD  
SUITE 105  
PLANTATION, FL 33324

**FEI Number:** 65-0926311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, EVERETT A  
4801 SOUTH UNIVERSITY DRIVE  
SUITE 102  
DAVIE, FL 33328 US

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

SMITH, EVERETT A  
111 NORTH PINE ISLAND ROAD  
SUITE 105  
PLANTATION, FL 33324 US

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:** EVERETT ALGERNON SMITH

04/25/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** SMITH, EVERETT A  
**Address:** 4801 SOUTH UNIVERSITY DRIVE  
**City-St-Zip:** DAVIE, FL 33328

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

**Title:** PD (X) Change ( ) Addition  
**Name:** SMITH, EVERETT A  
**Address:** 111 NORTH PINE ISLAND ROAD, SUITE 105  
**City-St-Zip:** PLANTATION, FL 33324

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:** EVERETT ALGERNON SMITH

PD

04/25/2005

Electronic Signature of Signing Officer or Director

Date