

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90057 042 ***158.75

DOCUMENT # S45046

1. Entity Name
SMARTCERTIFY DIRECT, INC.



Principal Place of Business
**25400 US HWY 19
SUITE 285
CLEARWATER, FL 33763 US**

Mailing Address
**25400 US HWY 19 N.
SUITE 285
CLEARWATER, FL 33763 US**

40008959



DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3049917

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COBC
PRIEST, GREGORY M
20 IN DUSTRIAL PARK DR
NASHUA, NH 03062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEOP
MORAN, CHUCK
20 INDUSTRIAL PARK DR
NASHUA, NH 03062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOE
MCDONALD, TOM
20 INDUSTRIAL PARK DR
NASHUA, NH 03062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

John Bilello
John Bilello

1/18/04
Date

727-724-8959
Daytime Phone #