

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S88111 1. Entity Name BILL T. SMITH, JR., P.A.	
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Principal Place of Business % BILL T. SMITH, JR. 980 N. FEDERAL HWY., SUITE 402 BOCA RATON, FL 33432	Mailing Address % BILL T. SMITH, JR. 980 N. FEDERAL HWY., SUITE 402 BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE

	
01062004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0298355	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, BILL T., JR. 980 N. FEDERAL HWY. SUITE 402 BOCA RATON, FL 33432	DO NOT WRITE IN THIS SPACE
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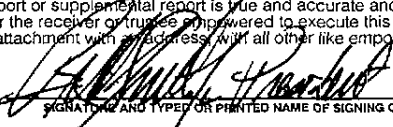
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		000000061516 02/23/04-80083-007 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BILL T., JR. 850 VIA CABANA BOCA RATON, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04 301.368.5757
Date Daytime Phone #