2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # V14136

1. Entity Name
S.M.R.T. OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2051 MAIN STREET SUITE 102 SARASOTA, FL 34237 US	2051 MAIN STREET SUITE 102 SARASOTA, FL 34237 US

01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0313743
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, ARTHUR P
2051 MAIN STREET
SUITE 102
SARASOTA, FL 34237

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	STEVENS, PAUL S
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	KOWALSKI, RICHARD A
STREET ADDRESS	% 2051 MAIN ST SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	PD
NAME	KAMINSKY, PHILIP F
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	THOMPSON, ARTHUR P
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	CUNNINGHAM, MICHAEL A
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BELKNAP, ELLEN L
STREET ADDRESS	% 2051 MAIN STREET, SUITE 102
CITY-ST-ZIP	SARASOTA, FL 34237

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01/20/04-80087-004 158.75

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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 all other like empowered.

SIGNATURE: _____ PAUL S. STEVENS DIRECTOR 1/6/04 201-772-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #