

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 017 ***150.00

DOCUMENT # 316596	
1. Entity Name SMMNO INC	

Principal Place of Business 1818 NORTHWOOD TERR DR WINTER PARK, FL 32789 US	Mailing Address 1818 NORTHWOOD TERR DR WINTER PARK, FL 32789 US
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40039034



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1268053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPELLMAN, VICTORIA V
 1818 NORTHWOOD TERR DR
 WINTER PARK, FL 32789

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD SPELLMAN, VICTORIA V 1818 NORTHWOOD TERR, DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, JAMES P 725 LAKESYBELLIA DR. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANICO, ROSE 725 LAKESYBELLIA DR. MAITLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPELLMAN, VICTORIA 1818 NORTHWOOD TERR DR WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 info empowered.

SIGNATURE: James P Panico, VP Date: 3/14/07 Daytime Phone #: 407-647-7200