


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 604088
 1. Entity Name
W. KELLY SMITH, P.A.



Principal Place of Business Mailing Address
255 S. ORANGE AVENUE **P.O. BOX 2254**
SUITE 800 **ORLANDO, FL 32802-254 US**
ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-F CR2E034 (11/05)

4. FEI Number Applied For
59-1438112 Not Applicable

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

6. Name and Address of Current Registered Agent
W. KELLY SMITH
255 S. ORANGE AVENUE, SUITE 800
ORLANDO, FL 32801

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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 reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PSD SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, L R 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, KEVIN K 255 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/17/06 80022-009 150.00

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 like empowered.

SIGNATURE: W. Kelly Smith **W. KELLY SMITH** 1/30/06 4078437300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #