


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90033 047 \*\*\*150.00

**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**

**60007428**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01122007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**59-1438112**      Not Applicable

Zip      Country      Zip      Country  
**32802-2254**

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**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 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	PSD SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, L R 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, W. KELLY 255 S. ORANGE AVE., SUITE 800 ORLANDO, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, KEVIN K 255 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32802	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Orlando, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Orlando, ,FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Orlando, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Orlando, FL 32801	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**      1/15/07      407-843-7300

SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #