


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # F49431</b><br>1. Entity Name<br><b>INK-SMITH-SOUTH, INC.</b>              |         |  |         |
| Principal Place of Business<br><b>1961 W 9TH ST<br/>WEST PALM BEACH FL 33404<br/>US</b> |         | Mailing Address<br><b>1961 W 9TH ST<br/>WEST PALM BEACH FL 33404<br/>US</b>       |         |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                   |         | 3. Mailing Address<br>Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E034 (10/07)

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| 4. FEI Number <b>36-3153415</b>   |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>INK, TIMOTHY A<br/>5349 CEDAR LAKE RD<br/>#12-17<br/>BOYNTON BEACH FL 33437</b> |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 fee applicator. NOTE: Registered Agent signature required when submitting.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                            | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|----------------------------|---|--|
| TITLE                      | V                          | TITLE   | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>U00000876000<br>04/11/08-80056-016 150.00 |
| NAME                       | INK, TIMOTHY A             | NAME  |  |
| STREET ADDRESS             | 5349 CEDAR LAKE RD. #12-17 | STREET ADDRESS  |  |
| CITY-ST-ZIP                | BOYNTON BEACH FL 33437     | CITY-ST-ZIP   |  |
| TITLE                      | P                          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | INK, RICHARD K             | NAME  |  |
| STREET ADDRESS             | 698 SW 1 CON AVE           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | PT ST LUCIE FL 34953       | CITY-ST-ZIP   |  |
| TITLE                      | ST                         | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       | INK, PAMELA A              | NAME  |  |
| STREET ADDRESS             | 698 SW 1 CON AVE           | STREET ADDRESS  |  |
| CITY-ST-ZIP                | PT ST LUCIE FL 34953       | CITY-ST-ZIP   |  |
| TITLE                      |                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                            | NAME  |  |
| STREET ADDRESS             |                            | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                            | CITY-ST-ZIP   |  |
| TITLE                      |                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                            | NAME  |  |
| STREET ADDRESS             |                            | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                            | CITY-ST-ZIP   |  |
| TITLE                      |                            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                            | NAME  |  |
| STREET ADDRESS             |                            | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                            | CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *R. K. Ink - PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR