

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94383

FILED  
Mar 01, 2007  
Secretary of State

Entity Name: WHARTON-SMITH, INC.

**Current Principal Place of Business:**

750 MONROE RD  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

POB 471028  
LAKE MONROE, FL 32747

**New Mailing Address:**

FEI Number: 59-2392802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAVOLI, RONALD F  
750 MONROE RD  
SANFORD, FL 32771      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: SMITH, GEORGE E  
Address: 2333 ALAQUA DR  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: WHARTON, WILLIAM R.,  
Address: 120 LAKE DESTINY TRAIL  
City-St-Zip: ALTAMONTE SPGS., FL

Title: V ( ) Delete  
Name: PALMER, ERICKSON H  
Address: 1531 SUNSET DR  
City-St-Zip: WINTER PARK, FL 32789

Title: VS ( ) Delete  
Name: ROBINSON, WILLIAM C JR  
Address: 307 FOX VALLEY DR  
City-St-Zip: LONGWOOD, FL 32779

Title: PDT ( ) Delete  
Name: DAVOLI, RONALD F  
Address: 1644 EAGLE HURST CIR  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V ( ) Delete  
Name: MCCURDY, CHARLES A  
Address: 4600 NEBRASKA AVE  
City-St-Zip: SANFORD, FL 32771

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C ROBINSON, JR

VS

03/01/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date