


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # K47914

1. Entity Name
W. KELLY SMITH II, INC.



Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US
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02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1818899	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

BOWDOIN, DOUGLAS
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801

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, 2008 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	DPT SMITH, W. KELLY 255 S ORANGE AVE, STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, W. KELLY 255 S ORANGE AVE, STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BOWDOIN, DOUGLAS 255 S ORANGE AVE, STE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, KEVIN K 255 S. ORANGE AVENUE, SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/20/08-80046-002 150.00

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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 affidavit, with all other like empowered.

SIGNATURE:  **W. Kelly Smith, President** **2/5/08** **407-843-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #