


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000002634	
1. Entity Name SMART START YOUTH & FAMILY SERVICES, INC.	

Principal Place of Business 1629 EAST EDGEWOOD DRIVE LAKELAND, FL 33803	Mailing Address 1629 EAST EDGEWOOD DRIVE LAKELAND, FL 33803
---	---

DO NOT WRITE IN THIS SPACE



01292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-3379534	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLTON, SHEILA J
 1629 EAST EDGEWOOD DRIVE
 LAKELAND, FL 33803**

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 _____

**Filing Fee is \$61.25
 Due by May 1, 2008**

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	PD HOLTON, SHEILA J 4810 ELAM ROAD LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DESENA, DIANE 3119 BELLFLOWER WAY LAKELAND, FL 33811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALIO, JEAN 195 E. BULLARD AVENUE LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000812276
 02/12/08-80040-006 70.00

DO NOT WRITE IN THIS SPACE

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 617, 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: Virginia D. De Sena VIRGINIA D. DE SENNA 1-30-08 863.686.5116

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