


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # N29702 1. Entity Name LES AND JUDY SMOUT FOUNDATION, INC.	
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Principal Place of Business %LES SMOUT 100 N. STARCREST CLEARWATER, FL 33765 US	Mailing Address %LES SMOUT POB 5165 CLEARWATER, FL 33758 US
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01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0118624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMOUT, LES 100 N. STARCREST CLEARWATER, FL 33765	DO NOT WRITE IN THIS SPACE
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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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PDT
NAME	SMOUT, LES
STREET ADDRESS	100 N. STARCREST
CITY-ST-ZIP	CLEARWATER, FL
TITLE	DS
NAME	SMOUT, JUDY
STREET ADDRESS	100 N. STARCREST
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	HEYMAN, JANET S
STREET ADDRESS	100 N. STARCREST
CITY-ST-ZIP	CLEARWATER, FL
TITLE	D
NAME	GRUDIS, JOANNE S
STREET ADDRESS	100 N STARCREST DR
CITY-ST-ZIP	CLEARWATER, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80052-019 61.25

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: Les R. Smout *President* 4-2-07 (727) 461-1524

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