

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90015 034 ****61.25

DOCUMENT # N29702

1. Entity Name
 LES AND JUDY SMOUT FOUNDATION, INC.



Principal Place of Business	Mailing Address
%LES SMOUT 100 N. STARCREST CLEARWATER, FL 33765 US	%LES SMOUT POB 5165 CLEARWATER, FL 33758 US



02082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0118624	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

SMOUT, LES
 100 N. STARCREST
 CLEARWATER, FL 33765

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	PDT SMOUT, LES 100 N. STARCREST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS SMOUT, JUDY 100 N. STARCREST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEYMAN, JANET S 100 N. STARCREST CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRUDIS, JOANNE S 100 N STARCREST DR CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-08

Date Daytime Phone #