

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 10, 2008 08:00 A  
Secretary of State

DOCUMENT # 201448

1. Entity Name  
SMITH & DESHIELDS INC



Principal Place of Business

165 N.W. 20TH STREET  
BOCA RATON, FL 33431

Mailing Address

165 N.W. 20TH STREET  
BOCA RATON, FL 33431



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number

59-0798915

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

DESHIELDS, CLYDE E  
165 NW 20 ST  
BOCA RATON, FL 33431

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

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

000000852853  
03/26/08-80038-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STINE, DEBORAH D. 165 NW 20TH STREET BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESHIELDS, C. STEVEN 2385 TRADE CENTER WAY NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESHIELDS, DANIEL 165 NW 20TH STREET BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 607, 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:

*Clyde E. Deshields*

3-4-08

561 395 0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #