2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# 221833

Entity Name: BILL SMITH, INC.

Current Principal Place of Business:

1651 FOWLER STREET
FORT MYERS, FL 339012927

New Principal Place of Business:

Current Mailing Address:

1651 FOWLER STREET
FORT MYERS, FL 339012927

New Mailing Address:

FEI Number: 59-0864997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH,WILBUR C
1651 FOWLER STREET
FT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VP ( ) Delete
Name: RICHING, CHRISTOPHER T
Address: 1321 DONNA DR
City-St-Zip: FORT MYERS, FL 33919

Title: PD ( ) Delete
Name: SMITH, EARL E
Address: 27295 S JONES LOOP ROAD
City-St-Zip: PUNTA GORDA, FL 33982

Title: VD ( ) Delete
Name: SMITH, WILBUR C. III,
Address: 2460 MCGREGOR BLVD.
City-St-Zip: FT. MYERS, FL

Title: VD ( ) Delete
Name: SMITH, M MELONIE
Address: 3485 AVODACO DR
City-St-Zip: FORT MYERS, FL 33901

Title: STD ( ) Delete
Name: BLUM, BETTY L
Address: 1261 DRIFTWOOD DR
City-St-Zip: NO FT MYERS, FL

Title: VP ( ) Delete
Name: WEAVER, WILLIAM E III
Address: 10005 SALINA ST
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY BLUM STD 03/09/2009
Electronic Signature of Signing Officer or Director Date