

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 252471

Entity Name: SMITH -FLOYD- GROVES INC

FILED  
Mar 11, 2009  
Secretary of State

**Current Principal Place of Business:**

3674 ST RD 64E  
ZOLFO SPRINGS, FL 33890 US

**New Principal Place of Business:**

**Current Mailing Address:**

3674 ST RD 64E  
ZOLFO SPRINGS, FL 33890 US

**New Mailing Address:**

FEI Number: 59-0989348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, JACK LAMAR  
3674 SR 64 EAST  
ZOLFO SPRINGS, FL 33890 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: P ( ) Delete  
Name: SMITH, JACK LAMAR,  
Address: 3674 ST RD 64E  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: ST ( ) Delete  
Name: SMITH, ROBBIE L  
Address: 2120 JACK SMITH ROAD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JACK L. SMITH

PRES

03/11/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date