

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90028 014 ***150.00

40045213



03112008 Chg-P CR2E034 (12/06)

4. FEI Number **59-0981706** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT #256109

1. Entity Name
SMITH-WARDLAW, INC.



Principal Place of Business

~~749 N SCENIC HWY~~
~~PO BOX 986~~
~~FROSTPROOF, FL 33843~~

Mailing Address

~~749 N SCENIC HWY~~
~~PO BOX 986~~
~~FROSTPROOF, FL 33843~~

2. Principal Place of Business - No P.O. Box #

336 Peabody Circle

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park, FL

City & State

City & State

Zip **33825**

Country

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, NEWELL A
336 PEABODY CIRCLE
AVON PARK, FL 33825

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE **SDT** ☐ Delete
NAME **SMITH, NEWELL A**
STREET ADDRESS **336 PEABODY CIRCLE**
CITY- ST- ZIP **AVON PARK, FL 33825**

TITLE **PD** ☐ Delete
NAME **SMITH, STEPHEN A.**
STREET ADDRESS **2561 S.W. 3RD AVE**
CITY- ST- ZIP **OKEECHOBEE, FL 34974**

TITLE **VD** ☐ Delete
NAME **SMITH, WADE M.**
STREET ADDRESS **2317 7TH AVE W**
CITY- ST- ZIP **BRADENTON, FL 34205**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

Newell A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Newell A. Smith

3/12/08

Date

863-452-5100

Daytime Phone