


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90080 026 \*\*\*150.00

<b>DOCUMENT # 301199</b> 1. Entity Name <b>SMOAK BROTHERS, INC.</b>					
Principal Place of Business <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>			Mailing Address <b>1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1111708</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SMOAK, EDWARD L. 408 LAKE JUNE DR LAKE PLACID, FL 33852</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>220 Huntley Oaks Blvd.</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMOAK, EDWARD L 408 LAKE JUNE DR LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SMOAK, JOHN F., JR. 6995 STATE ROAD 66 ZOLFO SPGS., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS EURES, LEIGH S. 1025 COUNTY ROAD 17 N. LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, ANNE G 408 LAKE JUNE DRIVE LAKE PLACID, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, PHYLLIS L 6995 SR 66 ZOLFO SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, PHYLLIS L 6995 SR 66 ZOLFO SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, PHYLLIS L 6995 SR 66 ZOLFO SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, PHYLLIS L 6995 SR 66 ZOLFO SPRINGS, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMOAK, PHYLLIS L 6995 SR 66 ZOLFO SPRINGS, FL	<input type="checkbox"/> Delete			
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: <u>Edward L. Smoak</u> Pres.			4-6-07 863-465-2561		
Edward L. Smoak			Date Daytime Phone #		