

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301199

Entity Name: SMOAK BROTHERS, INC.

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852

New Principal Place of Business:

Current Mailing Address:

1025 COUNTY ROAD 17 NORTH
LAKE PLACID, FL 33852

New Mailing Address:

FEI Number: 59-1111708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMOAK, EDWARD L.
220 HUNTKEY OAKS BLVD
LAKE PLACID, FL 33852 US

Name and Address of New Registered Agent:

SMOAK, EDWARD L.
220 HUNTLEY OAKS BLVD
LAKE PLACID, FL 33852 US

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:

04/10/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMOAK, EDWARD
Address: 220 HUNTLEY OAKS BLVD
City-St-Zip: LAKE PLACID, FL 33852

Title: VSTD () Delete
Name: SMOAK, JOHN F JR
Address: 6995 STATE ROAD 66
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: AS () Delete
Name: LEIGH, EURES S
Address: 1025 COUNTY ROAD 17 N
City-St-Zip: LAKE PLACID, FL 33852

Title: D () Delete
Name: SMOAK, PHYLLIS
Address: 6995 STATE ROAD 66
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D () Delete
Name: SMOAK, PHYLLIS L
Address: 220 HUNTLEY OAKS BLVD
City-St-Zip: ZOLFO SPRINGS, FL

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: D (X) Change () Addition
Name: SMOAK, PHYLLIS L
Address: 6995 STATE ROAD 66
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D (X) Change () Addition
Name: SMOAK, ANNE G
Address: 220 HUNTLEY OAKS BLVD
City-St-Zip: ZOLFO SPRINGS, FL

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: EDWARD L. SMOAK

PRES

04/10/2009

Electronic Signature of Signing Officer or Director

Date