

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 301199

FILED  
Apr 13, 2011  
Secretary of State

Entity Name: SMOAK BROTHERS, INC.

**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 HUNTLEY OAKS BLVD  
LAKE PLACID, FL 33852 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDWARD L SMOAK

PRES

04/13/2011

Electronic Signature of Signing Officer or Director

Date