

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343581

FILED
Mar 26, 2009
Secretary of State

Entity Name: SMITH PACKAGING & EQUIPMENT INC

Current Principal Place of Business:

2931 MERCURY RD
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2931 MERCURY RD
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-1289896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, HUBBARD & COMPANY PA
3128 BEACH BLVD
JACKSONVILLE, FL 32207 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: PD () Delete
Name: SMITH, LAWRENCE I.,
Address: 5555 STEAMBOAT ROAD
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD () Delete
Name: SMITH, RICHARD L.,
Address: 4056 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: CD () Delete
Name: SMITH, SARA L.,
Address: 6805 GREENFERN LANE
City-St-Zip: JACKSONVILLE, FL 32211

Title: SD () Delete
Name: SMITH, CHARLES L.,
Address: 3853 MUIRFIELD BLVD E
City-St-Zip: JACKSONVILLE, FL 32225

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: () 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: CHARLES L. SMITH

SD

03/26/2009

Electronic Signature of Signing Officer or Director

Date