

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 383041

Entity Name: MCSMITH, INC.

FILED
Apr 26, 2007
Secretary of State

Current Principal Place of Business:

2440 ROBERTA LANE
CLEARWATER, FL 33764 US

New Principal Place of Business:

Current Mailing Address:

2440 ROBERTA LANE
CLEARWATER, FL 33764 US

New Mailing Address:

FEI Number: 59-1360980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILSON, JOY
2440 ROBERTA LANE
CLEARWATER, FL 33764 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: D () Delete
Name: WILSON, CHRIS
Address: 1332 NOELL HEIGHTS DR.
City-St-Zip: PALM HARBOR, FL 34683 US

Title: STV () Delete
Name: WILSON, JOY
Address: 2440 ROBERTA LN
City-St-Zip: CLEARWATER, FL 33764 US

Title: P () Delete
Name: WILSON, LANCE
Address: 2440 ROBERTA LN.
City-St-Zip: CLEARWATER,, FL 33764 US

Title: D () Delete
Name: WILSON, MARK
Address: 49 HARBOR OAKS DR
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: D () Delete
Name: WILSON, TRAVIS R MR.
Address: 2440 ROBERTA LANE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WILSON, CHRIS J MR.
Address: 1332 NOELL HEIGHTS DR.
City-St-Zip: PALM HARBOR, FL 34683 US

Title: STVP (X) Change () Addition
Name: WILSON, JOY L MRS.
Address: 2440 ROBERTA LN
City-St-Zip: CLEARWATER, FL 33764 US

Title: P (X) Change () Addition
Name: WILSON, LANCE MR.
Address: 2440 ROBERTA LN.
City-St-Zip: CLEARWATER,, FL 33764 US

Title: D (X) Change () Addition
Name: WILSON, MARK J MR.
Address: 49 HARBOR OAKS DR
City-St-Zip: SAFETY HARBOR, FL 34695 US

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: JOY WILSON

STVP

04/26/2007

Electronic Signature of Signing Officer or Director

Date