2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 506026

1. Entity Name
MEL SMITH, INC.

Principal Place of Business	Mailing Address
1853 KINGS AVENUE	1853 KINGS AVENUE
JACKSONVILLE, FL 32207	JACKSONVILLE, FL 32207

9010906*1

01112008   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-1725477	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JR. C
1853 KINGS AVENUE
JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SMITH, CARL MELVIN JR.
STREET ADDRESS	1113 TIBER AVE.
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	DIRECTOR
NAME	CARL M. SMITH SR
STREET ADDRESS	1853 KINGS AVE
CITY-ST-ZIP	JACKSONVILLE FL 32207

TITLE	DIRECTOR
NAME	HARRIETT S. SMITH
STREET ADDRESS	7783 DEERWOOD POINT PL.
CITY-ST-ZIP	JAX. FL 32256

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _CARL M. SMITH JR_   4/30/08   904-346-1234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #