2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 506606

City-St-Zip:

AVON PARK, FL 33825

FILED Mar 06, 2008 Secretary of State

Entity Nai	me: R.R. SM	ITH, INC.			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
HIGHWAY #17 SOUTH P.O.BOX 1479 WAUCHULA, FL 33873			1201 HIGHWAY #17 SOI WAUCHULA, FL 33873	1201 HIGHWAY #17 SOUTH WAUCHULA, FL 33873	
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
P.O.BOX 1	′#17 SOUTH 1479 LA, FL 33873	3	PO BOX 1479 WAUCHULA, FL 33873		
FEI Number:	: 59-1695910	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
SMITH,ROBERT RAY RT 3 MANLEY ROAD P.O. BOX 1479 WAUCHULA, FL 33873 US			SMITH,ROBERT RAY 221 MANLEY ROAD WAUCHULA, FL 33873	221 MÅNLEY ROAD WAUCHULA, FL 33873 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered of	office or registered agent, or both,	
SIGNATURE:				03/06/2008	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (SMITH, ROBE 221 MANLEY WAUCHULA, I	RD	Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	SMITH, ROBE 2340 GREENI		Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	STD (JAHNA, CATH 1319 LAKE IS		Title: () Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: ROBERT RAY SMITH PD 03/06/2008