

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519779

FILED
Feb 14, 2007
Secretary of State

Entity Name: LEWIE F. & LEWIE J. SMITH FARMS, INC.

Current Principal Place of Business:

3075 HICKORY HOLLOW LN
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

3075 HICKORY HOLLOW LN
JAY, FL 32565

New Mailing Address:

FEI Number: 59-1707651

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, LEWIE J
3075 HICKORY HOLLOW LN
JAY, FL 32565 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: V () Delete
Name: AUTREY, CONNIE,
Address: 3080 HICKORY HOLLOW LN
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: SMITH, IRIS L.F.,
Address: 4711 SPRING ST
City-St-Zip: JAY, FL 32565

Title: PDS () Delete
Name: SMITH, LEWIE J,
Address: 3075 HICKORY HOLLOW LN
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: PATRICK, SHARON L ASST
Address: 3100 HICKORY HOLLOW LN
City-St-Zip: JAY, FL 32565

Title: V () Delete
Name: ENGLISH, JEANNA C ASST
Address: 7007 WHITETAIL CT
City-St-Zip: FREDERICKSBURG, VA 22407

Title: V () Delete
Name: SMITH, TRAVIS J ASST
Address: 3075 HICKORY HOLLOW LN
City-St-Zip: JAY, FL 32565

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:

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 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: LEWIE J SMITH

PRES

02/14/2007

Electronic Signature of Signing Officer or Director

Date