2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 519779

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

Principal Place of Business	Mailing Address
3075 HICKORY HOLLOW LN JAY, FL 32565	3075 HICKORY HOLLOW LN JAY, FL 32565

DO NOT WRITE IN THIS SPACE

01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1707651

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LEWIE J
3075 HICKORY HOLLOW LN
JAY, FL 32565

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

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	V
NAME	AUTREY, CONNIE
STREET ADDRESS	3080 HICKORY HOLLOW LN
CITY-ST-ZIP	JAY, FL 32565
TITLE	V
NAME	SMITH, IRIS L.F.
STREET ADDRESS	4711 SPRING ST
CITY-ST-ZIP	JAY, FL 32565
TITLE	PDS
NAME	SMITH, LEWIE J
STREET ADDRESS	3075 HICKORY HOLLOW LN
CITY-ST-ZIP	JAY, FL 32565
TITLE	V
NAME	PATRICK, SHARON L ASST
STREET ADDRESS	3100 HICKORY HOLLOW LN
CITY-ST-ZIP	JAY, FL 32565
TITLE	V
NAME	ENGLISH, JEANNA C ASST
STREET ADDRESS	7007 WHITETAIL CT
CITY-ST-ZIP	FREDERICKSBURG, VA 22407
TITLE	V
NAME	SMITH, TRAVIS J ASST
STREET ADDRESS	3075 HICKORY HOLLOW LN
CITY-ST-ZIP	JAY, FL 32565

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02/14/08-80002-008 150.00

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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: ✓ _____ 1-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #