

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 519779

FILED  
Jan 03, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: V  
Name: AUTREY, CONNIE  
Address: 3080 HICKORY HOLLOW LN  
City-St-Zip: JAY, FL 32565

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

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LEWIE J. SMITH

PRES

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date