


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # 588216
 1. Entity Name
 SMITH, FEDDELER, SMITH & MILES, P.A.



Principal Place of Business Mailing Address
 832 SOUTH FLORIDA AVE. PO DRAWER 1089
 LAKELAND, FL 33801 US LAKELAND, FL 33802-1089 US

DO NOT WRITE IN THIS SPACE



07112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1847584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, H GUY
 832 SOUTH FLORIDA AVE.
 LAKELAND, FL 33801

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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 \$550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH, GUY H
STREET ADDRESS	8325 FLORIDA AVE
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	V
NAME	FEDDELER, CARL
STREET ADDRESS	832 S. FLORIDA AVE
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	T
NAME	SMITH, BRADLEY G
STREET ADDRESS	832 S FLORIDA AVE
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	S
NAME	MILES, LAURIE T
STREET ADDRESS	832 S FLORIDA AVE
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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 reports 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: _____ **7/17/07** **863-688-7766**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #