


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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



Principal Place of Business
 832 SOUTH FLORIDA AVE.
 LAKELAND, FL 33801 US

Mailing Address
 PO DRAWER 1089
 LAKELAND, FL 33802-1089 US

DO NOT WRITE IN THIS SPACE



01142008 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

Account Number/Description	Approved Date
Added to Fees	
Approved by:	

10. OFFICERS AND DIRECTORS

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

U00000875933
 04/11/08-80053-011 150.00

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/13/08** Daytime Phone #: **(863) 688-7766**