

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604904

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** SMITH, GRAHAM, ELLINGSWORTH & ASSOCIATES, P.A.

**Current Principal Place of Business:**

96 NE 4TH AVENUE  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

96 NE 4TH AVENUE  
DELRAY BEACH, FL 33483

**New Mailing Address:**

FEI Number: 59-1498196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, THOMAS A  
96 NE 4TH AVE  
DELRAY BEACH, FL 33483 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: PD  
Name: SMITH, THOMAS A  
Address: 96 NE 4TH AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP  
Name: ELLINGSWORTH, WILLIAM H  
Address: 96 NE 4TH AVENUE  
City-St-Zip: DELRAY BEACH, FL 33483

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: WILLIAM H. ELLINGSWORTH

VP

01/04/2011

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

\_\_\_\_\_ Date