

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 639472

Entity Name: SMUDER-FAUST REALTY, INC.

FILED  
Jan 22, 2009  
Secretary of State

**Current Principal Place of Business:**

4950 GOLDEN GATE PARKWAY  
NAPLES, FL 34116

**New Principal Place of Business:**

**Current Mailing Address:**

6011 WESTPORT LANE  
NAPLES, FL 34116

**New Mailing Address:**

FEI Number: 59-1940091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FAUST, RICHARD  
4950 GOLDEN GATE PARKWAY  
NAPLES, FL 34116 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: FAUST, RICHARD,  
Address: 6011 WEST PORT LANE  
City-St-Zip: NAPLES, FL 34116

Title: D ( ) Delete  
Name: FAUST, CAROLYN A  
Address: 6011 WESTPORT LANE  
City-St-Zip: NAPLES, FL 34116

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD A. FAUST

PRES

01/22/2009

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

\_\_\_\_\_  
Date