

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90041 005 ***150.00

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1. Entity Name

SMITTY'S SNAPPIN' TURTLE MOWERS, INC.



Principal Place of Business

204 SANORA BLVD
SANFORD FL 32773

Mailing Address

PO BOX 471017
LAKE MONROE FL 32747

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

26 Dobson DR. SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Euhawke GA

Zip

Country

Zip

Country

30120

USA

4. FEI Number

59-1959670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, MICHAEL A.
204 SANORA BLVD
SANFORD FL 32773

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Michael A. Smith

Michael A. Smith

3-8-08

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent Signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SMITH, MICHAEL A.
STREET ADDRESS 204 SANDRA BLVD
CITY-ST-ZIP SANFORD FL 32773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME SMITH, CONNIE LEE
STREET ADDRESS 204 SANDRA BLVD
CITY-ST-ZIP SANFORD FL 32773 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-08

770-235-4475

Date

Daytime Phone #