

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # 652407

1. Entity Name

SMITTY'S SNAPPIN' TURTLE MOWERS, INC.



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

03-24-2008 90041 005 ***150.00



1st MOORE CR2E034 (10/07)

Principal Place of Business		Mailing Address	
204 SANORA BLVD SANFORD FL 32773		PO BOX 471017 LAKE MONROE FL 32747	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>26 Dobson DR. SW</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Euahkee GA</i>	
Zip	Country	Zip <i>30120</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent			
<p>SMITH, MICHAEL A. 204 SANORA BLVD SANFORD FL 32773</p>			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City <i>FL</i> 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

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 \$5.00 May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL A.		
STREET ADDRESS	204 SANDRA BLVD		
CITY-ST-ZIP	SANFORD FL 32773		
TITLE	STD	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CONNIE LEE		
STREET ADDRESS	204 SANDRA BLVD		
CITY-ST-ZIP	SANFORD FL 32773		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
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NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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

3-8-08

770-235-4475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

030

Daytime Phone #