

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # 687843

1. Entity Name
LLOYD SMITH, III AND ASSOCIATES, INC.



Principal Place of Business
1336 SEA MARSH COVE
AMELIA ISLAND, FL 32034 US

Mailing Address
1336 SEA MARSH COVE
AMELIA ISLAND, FL 32034 US



03132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2035592

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ASBURY, TOM
4720 SALISBURY RD 205
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, III, LLOYD
STREET ADDRESS 12 SEA MARSH COVE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VPT
NAME SMITH, MARIE
STREET ADDRESS 12 SEA MARSH COVE
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE VPS
NAME NIX, BARRY
STREET ADDRESS 2312 WASHINGTON ROAD
CITY-ST-ZIP AUGUSTA, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000687514
03/26/07-80031-015 150.00

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IN THIS SPACE**

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 Lloyd Smith III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 (904) 261-1092
Date Daytime Phone #