

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90062 007 ***150.00

DOCUMENT # 687843

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



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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02202008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

ASBURY, TOM
~~4720 SALISBURY RD 205~~ *SEE Address Change*
~~JACKSONVILLE, FL 32256~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 1300 Marsh Landing Parkway Suite 108

City State Zip Code
 Jacksonville Beach FL 32250

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 _____ (NOTE: Registered Agent signature required when transferring) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	<input type="checkbox"/> Delete
NAME	SMITH, III, LLOYD	
STREET ADDRESS	12 SEA MARSH COVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SMITH, MARIE	
STREET ADDRESS	12 SEA MARSH COVE	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NIX, BARRY	
STREET ADDRESS	2312 WASHINGTON ROAD	
CITY-ST-ZIP	AUGUSTA, GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 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* **President** *4/8/08* *9:04*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *261-8890*