

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # F06000006798

1. Entity Name
R.W. SMITH ESOP & CO., INC.



Principal Place of Business
**8555 MIRALANI DRIVE
SAN DIEGO, CA 92126**

Mailing Address
**P.O. BOX 26160
SAN DIEGO, CA 92196**

DO NOT WRITE IN THIS SPACE



02092007 No Chg-P CR2E034 (11/05)

4. FEI Number
95-1962438

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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 NAME STREET ADDRESS CITY - ST - ZIP	CPST KECK, ALLAN 8555 MIRALANI DRIVE SAN DIEGO, CA 92126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRUGER, JAY 8555 MIRALANI DRIVE SAN DIEGO, CA 92126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHODES, JEFFREY 8555 MIRALANI DRIVE SAN DIEGO, CA 92126
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/18/07-80037-018 150.00

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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #