## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43625

Entity Name: SMITH & KNIBBS, INC.

FILED Jan 15, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

600 FAIRWAY DR #109 450 FAIRWAY DRIVE DEERFIELD BCH, FL 33441

SUITE 207

DEERFIELD BCH, FL 33441

**Current Mailing Address: New Mailing Address:** 

450 FAIRWAY DRIVE 600 FAIRWAY DR #109

SUITE 207 DEERFIELD BCH, FL 33441

DEERFIELD BCH, FL 33441

FEI Number: 59-2150051 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KNIBBS, ANDREA B. KNIBBS, ANDREA B. 600 FAIRWAY DR #109 450 FAIRWAY DRIVE

DEERFIELD BEACH, FL 33441 US SUITE 207

DEERFIELD BEACH, FL 33441 US

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.

SIGNATURE: ANDREA KNIBBS 01/15/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Title: (X) Change ( ) Addition

KNIBBS, ANDREA B, KNIBBS, ANDREA B, Name: Name: 600 FAIRWAY DR 450 FAIRWAY DRIVE, SUITE 207 Address: Address:

City-St-Zip: DEERFIELD BEACH, FL City-St-Zip: DEERFIELD BEACH, FL 33441

( ) Delete Title: Title: (X) Change ( ) Addition

Name: LEWIS, LINDA Name: LEWIS, LINDA

600 FAIRWAY DR. #109 Address: 450 FAIRWAY DRIVE, SUITE 207 Address: DEERFIELD BEACH, FL DEERFIELD BEACH, FL 33441 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREA KNIBBS **PRES** 01/15/2009