



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90167 033 ***150.00

DOCUMENT # F62832 1. Entity Name FRED D. SMITH, INC.					
Principal Place of Business 2615 S. WESTSHORE BLVD. TAMPA, FL 33629			Mailing Address 2615 S. WESTSHORE BLVD. TAMPA, FL 33629		
2. Principal Place of Business 109 CARMELINA ST <small>Suite, Apt. #, etc.</small>		3. Mailing Address 109 CARMELINA ST <small>Suite, Apt. #, etc.</small>			
City & State RUSKIN FL		City & State RUSKIN FL		4. FEI Number 59-2159723	
Zip 33576		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, FRED D 2615 WESTSHORE BLVD. TAMPA, FL 33629				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 109 CARMELINA ST City RUSKIN FL Zip Code 33570	
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 <u><i>Fred D Smith</i></u> 1/9/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD SMITH, FRED D 2615 S. WESTSHORE BLVD. TAMPA, FL 33627		TITLE NAME STREET ADDRESS CITY - ST - ZIP	ADDRESS → <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 109 CARMELINA ST RUSKIN FL 33570	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Fred D Smith</i></u> FRED D. SMITH 1/9/06 8133837557 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					