2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🚣

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sep 06, 2007 8:00 am Secretary of State **DOCUMENT # F62832** 09-06-2007 90009 016 ***150.00 1. Entity Name FRED D. SMITH, INC. Principal Place of Business Mailing Address 2615 S. WESTSHORE BLVD. 2615 S. WESTSHORE BLVD. TAMPA, FL 33629 TAMPA, FL 33629 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 109 CARMELINA ST SAME 09012007 Cha-P CR2E034 (12/06) City & State 4 FELNumber Applied For City & State 59-2159723 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, FRED D Street Address (P.O. Box Number is Not Acceptable) 2615 WESTSHORE BLVD. TAMPA, FL 33629 Zip Code 3 8 5 7 0 RUSKIN 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 reg (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTSD ☐ Change ☐ Addition TITLE □ Delete TITLE SMITH, FRED D NAME STREET ADDRESS STREET ADDRESS 109 CARMELINA ST RUSKIN, FL 33570 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FRED D. SMITH 9/1/07

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ATTACHMENT OR PROFIT CORPORATION C HANGES DOCUMENT # F62832

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	8. The above named entity submits this statement for the purpose of changing its religious diffice or registered agent, or both, in the State of Floride. I am familiar with, and cept the obligations of registered agent. SIGNATURE Signature, typed or patient name of registered agent and the ill applicable. (NOTE: Registered Agent signature required when reinstating) DATE									and Cept
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ununeasured on this report or supplementate report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

FRED D. SMITH

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