2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # G74420

1. Entity Name
X.S. SMITH OF FLORIDA, INC.

Principal Place of Business	Mailing Address
2122 WHITFIELD PARK AVE SARASOTA, FL 34243-4048	2122 WHITFIELD PARK AVE SARASOTA, FL 34243-4048

DO NOT WRITE IN THIS SPACE

03012008 No Chg-P CRZE034 (11/05)

4. FEI Number
59-2391528
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SALT, TERRI, JAYNE
% WILLIAMS PARKER HARRISON DIETZ & GETZEN
1550 RINGLING BOULEVARD
SARASOTA, FL 34230-3258

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000513698
04/29/06-80140-005 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	SMITH, RICHARD W., JR.
STREET ADDRESS	2122 WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	COB
NAME	SMITH, RICHARD W., SR.
STREET ADDRESS	2122 WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	D
NAME	THOMPSON, BARBARA J.
STREET ADDRESS	2122 WHITFIELD PARK AVE
CITY-ST-ZIP	SARASOTA, FL
TITLE	TD
NAME	DIFIORE, CHERYL A
STREET ADDRESS	2122 WHITFIELD PARK AVE.
CITY-ST-ZIP	SARASOTA, FL 34243
TITLE	VSD
NAME	THOMPSON, SCOTT S
STREET ADDRESS	2122 WHITFIELD PARK AVE.
CITY-ST-ZIP	SARASOTA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Cheryl A DiFiore 4/11/06 732-222-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #