

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14047

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** SMILEY'S MARKETS & MALLS, INC.

**Current Principal Place of Business:**

6550 ST. AUGUSTINE ROAD  
203  
JACKSONVILLE, FL 32217 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 HENDRICKS AVENUE  
365  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 59-2421636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPEN, BEN H  
6550 ST. AUGUSTINE ROAD  
203  
JACKSONVILLE, FL 32217 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: CAMPEN, BEN  
Address: 5348 N.W. 9TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

Title: PSD  
Name: CAMPEN, BEN H  
Address: 6550 ST. AUGUSTINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32217

Title: SEC  
Name: CAMPEN, ROBIN M  
Address: 6550 ST AUGUSTINE ROAD; SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP  
Name: CARROLL, ASHLEY C  
Address: 6550 ST AUGUSTINE ROAD; SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP  
Name: BERCHEN, KIM  
Address: 6550 ST. AUGUSTINE ROAD; SUITE 203  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby 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 all other like empowered.

SIGNATURE: BEN H. CAMPEN

PSD

04/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date