

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 13, 2008 08:00 A

Secretary of State

DOCUMENT # H18510

1. Entity Name
HOMER SMITH & COMPANY, PFC, INC.



Principal Place of Business
**6199 S.W. 2ND COURT
PLANTATION, FL 33317**

Mailing Address
**6199 S.W. 2ND COURT
PLANTATION, FL 33317**



03072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2437135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SMITH, RITA
6199 S.W. 2ND COURT
PLANTATION, FL 33317**

**DO NOT WRITE
IN THIS SPACE**

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

**U00000857156
03/31/08-80001-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SMITH, HOMER T.
6199 S.W. 2ND COURT
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SMITH, RITA
6199 S.W. 2ND COURT
PLANTATION, FL 33317**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

X/Homer T. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X/3/10/08 (954) 791-6676
Date Daytime Phone #