


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90060 020 \*\*\*150.00

<b>DOCUMENT # H38455</b>	
1. Entity Name <b>C.B. GOLDSMITH &amp; ASSOCIATES, INC.</b>	

Principal Place of Business <b>13303 US HWY 19 N CLEARWATER FL 33764-7294 US</b>	Mailing Address <b>13003 US HWY 19 N CLEARWATER FL 33764-7294 US</b>
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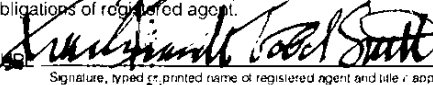


2. Principal Place of Business - No P.O. Box # <b>13101 56th COURT No.</b>	3. Mailing Address <b>13101 56th COURT No.</b>
Suite, Apt. #, etc. <b>SUITE # 801</b>	Suite, Apt. #, etc. <b>SUITE # 801</b>
City & State <b>CLEARWATER - FL.</b>	City & State <b>CLEARWATER, FL</b>
Zip <b>33760</b>	Country <b>USA</b>

1st MOORE CR2E034 (10/06)

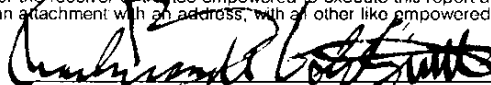
6. Name and Address of Current Registered Agent <b>GOLDSMITH, CHARLES BRANDT 13303 US HWY 19 N CLEARWATER FL 33764-7294</b>	
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7. Name and Address of New Registered Agent Name <b>GOLDSMITH, CHARLES BRANDT</b> Street Address (P.O. Box Number is Not Acceptable) <b>13101 56th COURT No.</b> <b>SUITE 801</b> City <b>CLEARWATER</b> FL <b>33760</b>	
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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:  <b>CHARLES BRANDT GOLDSMITH, SECRET/TREAS.</b> DATE: <b>01/30/07</b>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GOLDSMITH, CHARLES 13303 US HWY 19 N CLEARWATER FL 33764-7294 <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	PV GOLDSMITH, GLEN R 13303 US HWY 19 N CLEARWATER FL 33764-7294 <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 Section 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 an other like empowered.	
SIGNATURE:  <b>CHARLES BRANDT GOLDSMITH</b> DATE: <b>01/30/07</b> DAYTIME PHONE: <b>727-540-0456</b>	