

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H82637**

1. Entity Name  
**DOUGLAS L. SMITH AND ASSOCIATES,  
INCORPORATED**



Principal Place of Business  
**% DOUGLAS L. SMITH  
320 NW 1ST ST.  
GAINESVILLE, FL 32601 US**

Mailing Address  
**1826 NW 26 WAY  
GAINESVILLE, FL 32605**



07302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2914114</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SMITH, DOUGLAS LEE  
1826 NW 26 WAY  
GAINESVILLE, FL 32605**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	SMITH, DOUGLAS LEE
STREET ADDRESS	1826 NW 26 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	V
NAME	DAVIS, ELIZABETH A.
STREET ADDRESS	1826 NW 26 WAY
CITY-ST-ZIP	GAINESVILLE, FL 32605

TITLE	V
NAME	DAVIS, JOHN F.
STREET ADDRESS	116 SW 40TH STREET
CITY-ST-ZIP	GAINESVILLE, FL 32607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/10/07-80002-016 50.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOUGLAS L. SMITH**

Date

Daytime Phone #

**7/31/07 352 377-3345**