


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # J35081

1. Entity Name
W. KELLY SMITH, INC.



Principal Place of Business Mailing Address

% W. KELLY SMITH **% W. KELLY SMITH**
255 S ORANGE AVE, STE 800 **255 S ORANGE AVE, STE 800**
ORLANDO, FL 32801 US **ORLANDO, FL 32801 US**

DO NOT WRITE IN THIS SPACE



02042008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-2721209 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, W. KELLY
255 SOUTH ORANGE AVE.
STE 800
ORLANDO, FL 32801

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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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	SMITH, W. KELLY
STREET ADDRESS	255 S ORANGE AVE, STE 800
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	VP
NAME	BOWDOIN, DOUGLAS
STREET ADDRESS	255 S ORANGE AVE, STE 800
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	VST
NAME	SMITH, KEVIN K
STREET ADDRESS	255 S. ORANGE AVE, STE 800
CITY- ST- ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/20/08-80046-003 150.00

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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:  **W. Kelly Smith, Pres.** **2/5/08** **407-843-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #