
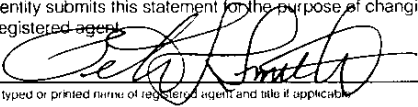
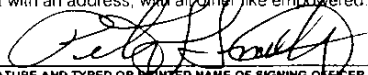


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90048 008 ***158.75

DOCUMENT # J58749 1. Entity Name PETER J. SMITH, P.A.					
Principal Place of Business 721 REGENCY RESERVE CIR 5703 #5703 NAPLES, FL 34119 US			Mailing Address 721 REGENCY RESERVE CIR 5703 #5703 NAPLES, FL 34119 US		
2. Principal Place of Business - No P.O. Box # 253 MONTEREY DR.		3. Mailing Address 253 MONTEREY DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State NAPLES FL		City & State NAPLES FL		4. FEI Number 59-2768770	
Zip 34119		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, PETER J. 721 REGENCY RESERVE CIR #5703 NAPLES, FL 34119			7. Name and Address of New Registered Agent Name SMITH, PETER J. Street Address (P.O. Box Number is Not Acceptable) 253 MONTEREY DR City NAPLES FL Zip Code 34119		
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: 1-15-08 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, PETER J. 229 SILVERADO DR NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, PETER J. 253 MONTEREY DR NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, KAREN R. 229 SILVERADO LANE NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH, KAREN R. 253 MONTEREY DR NAPLES FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  PRES			1-15-08 239-304-1150		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		