


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 8:00 am
Secretary of State

01-05-2007 90030 028 ***150.00

DOCUMENT # K08366 1. Entity Name BRUCE J. SMITH, P.A.	
---	---

Principal Place of Business 1405 21ST STREET VERO BEACH, FL 32960	Mailing Address 1405 21ST STREET VERO BEACH, FL 32960
---	---



2. Principal Place of Business - No P.O. Box # 2066 14th Ave	3. Mailing Address 2716 10th Ave
Suite, Apt. #, etc. Suite 104	Suite, Apt. #, etc.
City & State Vero Beach, FL	City & State Vero Beach, FL
Zip 32960	Country US

01022007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SMITH, BRUCE J 1405 21ST ST VERO BEACH, FL 32960	
--	--

4. FEI Number 65-0027272	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2716 10th Ave City Vero Beach FL Zip Code 32960	
--	--

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 *Bruce J. Smith* DATE 1/3/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D <input type="checkbox"/> Delete SMITH, BRUCE J. 2716 10TH AVENUE VERO BEACH, FL	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
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
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 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: *Bruce J. Smith* **BRUCE J. SMITH** 1/3/07 (772) 567-5190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #