


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # K44206 <small>1. Entity Name</small> THE SMYTHE ORGANIZATION, P.A.	
---	---

<small>Principal Place of Business</small> 504 PINTO CIRCLE WELLINGTON FL 33414	<small>Mailing Address</small> 504 PINTO CIRCLE WELLINGTON FL 33414
---	---



1st MOORE CR2E034 (10/07)

<small>2. Principal Place of Business - No P.O. Box #</small>	<small>3. Mailing Address</small>
<small>Suite, Apt. #, etc.</small>	<small>Suite, Apt. #, etc.</small>
<small>City & State</small>	<small>City & State</small>
<small>Zip</small>	<small>Country</small>

<small>4. FEI Number</small> 59-2653285	<small>Applied For</small>
	<small>Not Applicable</small>

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMYTHE, MARTHA 504 PINTO CIRCLE WELLINGTON FL 33414	<small>Name</small>
	<small>Street Address (P.O. Box Number is Not Acceptable)</small>
	<small>City</small>
	FL <small>Zip Code</small>

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: Martha Smythe (Martha Smythe) DATE: 01-22-08

Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

<small>9. Election Campaign Financing Trust Fund Contribution</small> <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

10. OFFICERS AND DIRECTORS	
<small>TITLE</small>	D <input type="checkbox"/> Delete
<small>NAME</small>	SMYTHE, MARTHA
<small>STREET ADDRESS</small>	504 PINTO CIRCLE
<small>CITY-ST-ZIP</small>	WELLINGTON FL
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Delete
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	U00000797623
<small>STREET ADDRESS</small>	01/29/08-80080-020 150.00
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	
<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>NAME</small>	
<small>STREET ADDRESS</small>	
<small>CITY-ST-ZIP</small>	

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 all other like empowered.

SIGNATURE: Martha Smythe (Martha Smythe) 561-793-1148

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