


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K47914</b> 1. Entity Name W. KELLY SMITH II, INC.	
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Principal Place of Business 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US	Mailing Address 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801 US
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01052006 No Chg-F CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-1818899	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

BOWDOIN, DOUGLAS 255 SOUTH ORANGE AVENUE SUITE 800 ORLANDO, FL 32801
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**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

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

1100001457879  
03/17/06 80022-008 150.00

**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: W. Kelly Smith W. KELLY SMITH 1/30/06 4078437300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #