4

## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 06, 2008 08:00 AN Secretary of State

DOCUMENT # K84237  1. Entity Name DANIEL L. SMITH, P.A.				3	ecretar	y or Sta
Principal Place of Business Mailing Add  1625 SE 17TH ST 1625 SE 1 FT. LAUDERDALE, FL 33316 US FT. LAUDE			1 <b>Herric Fa</b> s		<u> </u>	
			;		SINIS OLDEN NYBIN NYBIN NY	IK GINGKNAK (1 INGK
		- -	01072008	No Chg-P	CR2E034 (11/	05)
DO NOT WRITE IN THIS SPA			4. FEI Number Applied For 65-0127072 Not Applicable			
		\$ ·		of Status Desired	□ \$8.75	Additional
6. Name and Address of Current Registered Ag	ent		L-,-	· · · · · · · · · · · · · · · · · · ·	Feerloo	,
PUFFER, JOHN W III 101 E. KENNEDY BLVD. TAMPA, FL 66602				NOT W HIS SP		
8. The above named entity submits this statement for the purpose of the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if appealable.				h, in the State of Flo	rida. I am familiar	with, and accept
	ection Campaign Financing ust Fund Contribution.	\$5.	.00 May Be ed to Fees			
10. OFFICERS AND DIRECTORS			<del></del>			•
NAME SMITH, DANIEL L STREET ADDRESS 1625 SE 17TH ST. CITY-ST-ZIP FT LAUD, FL		71 <sub>4</sub>	,	03/21/08 03/21/08	0849076 -80005-021	150.00
TITLE  NAME  STREET ADDRESS  CITY-SI-ZIP		,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN T	THIS SF	PACE	
YITI F			25 8		•	•

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 of 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.

1/ <

SIGNATURE:

NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/08

Daytima Phone #