

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M95508</b>	
1. Entity Name <b>SMITH BROS. PEST CONTROL &amp; CHEMICAL COMPANY, INC.</b>	
Principal Place of Business	Mailing Address
<b>1851 DOBBS RD ST. AUGUSTINE, FL 32086 US</b>	<b>1851 DOBBS RD ST. AUGUSTINE, FL 32086 US</b>



01282008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2912861</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SMITH, MICHAEL S.  
1851 DOBBS RD  
ST. AUGUSTINE, FL 32084**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000868404  
04/09/08-80007-023 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SMITH, MICHAEL S. 356 ORCHIS RD ST AUGUSTINE, FL 32086</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST SMITH, JOHNNIE M. 356 ORCHIS RD ST AUGUSTINE, FL 32086</b>
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**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:**

*Johnnie M. Smith* **Johnnie M. Smith**

Date

**3-21-08**

Daytime Phone #

**904  
829-3297**