2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000006577

1. Entity Name
SMITH THOMAS, INC.

Principal Place of Business	Mailing Address
516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 US

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01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3416911

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FLYNN, THOMAS
516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANDS, GORDON
STREET ADDRESS	P.O. BOX 415 N/A
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	SD
NAME	DONALDSON, ROBERT
STREET ADDRESS	816 SHELL STREET
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	TDAS
NAME	GAW, ALBINO
STREET ADDRESS	101 EUCALYPTUS AVENUE
CITY-ST-ZIP	CRESCENT CITY, FL 32112
TITLE	D
NAME	DONALDSON, ROBERT
STREET ADDRESS	816 SHELL ST
CITY-ST-ZIP	WELAKA, FL 32193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/08/06-80062-025 70.00

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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 617, 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: _____ 2-6-06 386-467-2161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #