


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000006577		
1. Entity Name SMITH THOMAS, INC.		
Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756 US	



01192007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3416911	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FLYNN, THOMAS 516 LAKEVIEW ROAD UNIT 8 CLEARWATER, FL 33756

**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 re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PD SANDS, GORDON P.O. BOX 415 N/A WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DONALDSON, ROBERT 816 SHELL STREET WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDAS GAW, ALBINO 101 EUCALYPTUS AVENUE CRESCENT CITY, FL 32112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, ROBERT 816 SHELL ST WELAKA, FL 32193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/07/07-80051-023 70.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-07 386546074