2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# N96000006577

Entity Name: SMITH THOMAS, INC.

Current Principal Place of Business:

516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

516 LAKEVIEW ROAD
UNIT 8
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-3416911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	DONALDSON, ROBERT	
Address:	816 SHELL STREET	
City-St-Zip:	WELAKA, FL 32193	
Title:	TDAS	( ) Delete
Name:	GAW, ALBINO	
Address:	101 EUCALYPTUS AVENUE	
City-St-Zip:	CRESCENT CITY, FL 32112	
Title:	D	( ) Delete
Name:	DONALDSON, ROBERT	
Address:	816 SHELL ST	
City-St-Zip:	WELAKA, FL 32193	
Title:	PD	( ) Delete
Name:	MCMULLAN, JOHN F	
Address:	POB 8779	
City-St-Zip:	ATLANTA, GA 31106	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. MCMULLAN PD 03/16/2009

Electronic Signature of Signing Officer or Director — Date