2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

Feb 04, 2008 08:00 AN DOCUMENT # P00000069810 **Secretary of State** JOHN F. SMOAK & SONS, INC. Principal Place of Business Mailing Address 1025 CR 17 N 1025 CR 17 N LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 01122008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-1027821 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMOAK, MASON G 1025 CR 17 N Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID, FL 33852 Zip Code 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 little if applicable (NOTE, Registered Agent signature required when reinstation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change Addition NAME SMOAK, MASON G NAME STREET ADDRESS 1025 COUNTY ROAD 17 NORTH STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP DVP TITLE Delete ☐ Change TITLE ☐ Addition NAME SMOAK, PHILIP L NAME STREET ADDRESS 1025 COUNTY RD 17 N STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP U00000814264 □ Change TITLE Delete ☐ Addition TITLE SMOAK, JOHN F III NAME NAME 02/13/08-80037-016 150.00 1025 COUNTY ROAD 17 NORTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-7IF TITLE TD ☐ Delete TITLE Change Addition SMOAK, EDWARD L JR NAME STREET ADDRESS 1025 COUNTY RD 17 N STREET ADDRESS CITY+ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP **AVPD** Delete TITLE ☐ Change ☐ Addition TITLE NAME SMOAK, SAMANTHA L NAME STREET ADDRESS 6995 ST 66 STREET ADDRESS CITY-ST-ZIP ZOLFO SPRINGS, FL CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition THILE EURES, LEIGH S NAME NAME STREET ADDRESS 1025 COUNTY ROAD 17 NORTH STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-7/P 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.

1/25/08

863-465-2561

FILED