## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000091719

Entity Name: SMITH, AKINS & ASSOCIATES, P.A.

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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423 DELAWARE AVE, 2ND FL. FT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

423 DELAWARE AVE, 2ND FL. FT PIERCE, FL 34950

FEI Number: 65-1081644 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SMITH, JEFFREY A

601 SE PORT ST LUCIE BLVD
PORT ST LUCIE, FL 34984 US

SMITH, JEFFREY A

423 DELAWARE AVENUE, 2ND FLOOR
FT. PIERCE, FL 34950 US

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: 03/02/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Name: AKINS, RUSSELL L

Address: AKINS, RUSSELL L

Address: AKINS, RUSSELL L

Address: AKINS, RUSSELL L

Address: AKINS, RUSSELL L

 Address:
 601 SE PORT ST. LUCIE BLVD.
 Address:
 423 DELAWARE AVE, 2ND FL.

 City-St-Zip:
 PORT ST. LUCIE, FL 34984 US
 City-St-Zip:
 FT. PIERCE, FL 34950 US

Name: SMITH, JEFFREY A Name: SMITH, JEFFREY A

Address: 601 SE PORT ST. LUCIE BLVD Address: 423 DELAWARE AVE, 2ND FL. City-St-Zip: PORT ST. LUCIE, FL 34984 US City-St-Zip: FT. PIERCE, FL 34950 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY A. SMITH D 03/02/2009