


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90060 011 \*\*\*150.00

**DOCUMENT # P00000113944**

1. Entity Name  
**LUCY SMITH, P.A.**



Principal Place of Business      Mailing Address  
**335 WEST WOODS DRIVE**      **335 WEST WOODS DRIVE**  
**KEY BISCAYNE FL 33149**      **KEY BISCAYNE FL 33149**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*201 Crandon Blvd #111*      *201 Crandon Blvd #111*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State      City & State  
*Key Biscayne FL*      *Key Biscayne FL*  
 Zip      Country      Zip      Country  
*33149*      *USA*      *33149*      *USA*

4. FEI Number      Applied For  
**65-0968162**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**SMITH, LUCY**  
**335 W. WOODS DR.**  
**KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name *Smith Lucy*  
 Street Address (P.O. Box Number is Not Acceptable) *201 Crandon Blvd #111*  
 City *Key Biscayne FL*      Zip Code *33149*

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 *Lucy Smith*      DATE *2/6/07*

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

NAME	PSTD	DELETE
SMITH, LUCY	<input type="checkbox"/>	<input type="checkbox"/>
335 WEST WOODS DRIVE		
KEY BISCAYNE FL 33149		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

NAME	CHANGE	ADDITION
SMITH, LUCY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
201 Crandon Blvd #111		
Key Biscayne FL 33149		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Lucy Smith*      DATE: *2/6/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      DAYTIME PHONE #