

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000022513

1. Entity Name
SMOOT, ADAMS, EDWARDS & BRINSON, P.A.



Principal Place of Business
8359 STRINGFELLOW ROAD
SUITE 102 UNIT A
ST JAMES CITY, FL 33956

Mailing Address
P O BOX 690
ST JAMES CITY, FL 33956

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1081984	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

BRINSON, MELVILLE G III ESQ
8359 STRINGFELLOW ROAD
ST JAMES CITY, FL 33956

**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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	BRINSON, MELVILLE G III
STREET ADDRESS	8359 STRINGFELLOW ROAD
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	TD
NAME	BRINSON, MELVILLE G III
STREET ADDRESS	8359 STRINGFELLOW ROAD
CITY-ST-ZIP	ST JAMES CITY, FL 33956
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000953701
07/09/08-80002-010 150.00

**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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Melville Brinson

7/7/08

239 282 0551