

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000045342

1. Entity Name
D.C. SMITH LEASING, INC.



Principal Place of Business
117 W. MAGNOLIA ST.
ARCADIA, FL 34266

Mailing Address

117 W. MAGNOLIA ST.
ARCADIA, FL 34266

**FILED
Mar 06, 2008 08:00 A
Secretary of State**



02282008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3711773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SMITH, DURWARD C
117 W. MAGNOLIA ST.
ARCADIA, FL 34266

**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
After May 1, 2008 Fee will be \$550.00**

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

U000000849353
03/21/08:80017-008 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, DURWARD C
STREET ADDRESS 117 W. MAGNOLIA ST.
CITY-ST-ZIP ARCADIA, FL 34266

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Durward C. Smith* *D. Durward C. Smith Jr.* 3-4-08 863-494-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #