

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2007 8:00 am
Secretary of State

06-25-2007 90005 004 ***150.00

DOCUMENT # P02000005878



1. Entity Name
JERALDINE WILLIAMS SMITH, P.A.

Principal Place of Business
**2504-12TH AVE
TAMPA, FL 33605**

Mailing Address
**2504-12TH AVE
TAMPA, FL 33605**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222007

Chg-P

CR2E034 (12/06)

4. FEI Number

03-0409798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, JERALDINE W
2504-12TH AVE
TAMPA, FL 33605**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
SMITH, JERALDINE W
2504-12TH AVE
TAMPA, FL 33605** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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:

Jeraldine Williams Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JERALDINE WILLIAMS SMITH

06-21-07 (813) 248-8060
Date Daytime Phone #



ATTACHMENT
40121712
Division of Corporations

Annual Report

[Annual Report Help](#)

Document Number

P02000005878

Business Entity Name

JERALDINE WILLIAMS SMITH, P.A.

FEI Number

030409798

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

2504-12TH AVE

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code & Country

33605

Mailing Address

Address

2504-12TH AVE

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code & Country

33605

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

SMITH

JERALDINE

W

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

2504-12TH AVE

Suite, Apt. #, etc.

City, State

TAMPA

FL

Zip Code & Country

33605

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business

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entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes.

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	PTD
Name (Last, First, Middle, Title)	SMITH, JERALDINE, W,
- OR -	
Entity Name to serve as Officer/Director	
Street Address	2504-12TH AVE
City, State	TAMPA, FL
Zip Code & Country	33605 U.S.A.
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
- OR -	
Entity Name to serve as Officer/Director	
Street Address	
City, State	
Zip Code & Country	
Title	

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Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

- OR -

Entity Name to serve as
Officer/Director

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Officer/Director Signature

President
Geraldine Williams Smith
GERALDINE WILLIAMS SMITH

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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