

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059891

**FILED**  
**Jan 08, 2009**  
**Secretary of State**

**Entity Name:** BARBARA CLARK SMITH, INC.

**Current Principal Place of Business:**

2100 SE OCEAN BLVD.  
100  
STUART, FL 34996

**New Principal Place of Business:**

819 S. FEDERAL HWY  
300  
STUART, FL 34994

**Current Mailing Address:**

P.O.BOX 1327  
HOBE SOUND, FL 33475

**New Mailing Address:**

FEI Number: 45-0480087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, BARBARA C  
2100 SE OCEAN BLVD  
100  
STUART, FL 34996 US

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

SMITH, BARBARA C  
819 S. FEDERAL HWY  
300  
STUART, FL 34994 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/08/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, BARBARA C  
Address: PO BOX 1327  
City-St-Zip: HOBE SOUND, FL 33475

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BARBARA C. SMITH

Electronic Signature of Signing Officer or Director

P

01/08/2009

Date