

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P02000116311**

1. Entity Name  
ARTHUR AND SUE SMITH, INC.



Principal Place of Business  
380 COLUMBIA DR  
STE 111  
WEST PALM BEACH, FL 33401

Mailing Address  
380 COLUMBIA DR  
STE 111  
WEST PALM BEACH, FL 33401



01092008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
06-1680517

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SOMMERS, BARBARA CPA  
380 COLUMBIA DR  
STE 111  
WEST PALM BEACH, FL 33409

**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 \_\_\_\_\_ (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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SMITH, ARTHUR F
STREET ADDRESS	380 COLUMBIA DR., STE 111
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	DTS
NAME	SMITH, SUE E
STREET ADDRESS	380 COLUMBIA DR., STE 111
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000854391  
03/27/08-80006-008 150.00

**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 #