

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031889

Entity Name: SMITH STEPS, INC.

FILED
Mar 26, 2007
Secretary of State

Current Principal Place of Business:

6944 US HIGHWAY 90 EAST
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

PO BOX 1210
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 14-1875698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, LYNN
9416 141ST DRIVE
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WARD, WILLIAM C JR
Address: 9416 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: VTSD () Delete
Name: WARD, LYNN
Address: 9416 141ST DRIVE
City-St-Zip: LIVE OAK, FL 32060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNN WARD

V

03/26/2007

Electronic Signature of Signing Officer or Director

Date