


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000042979 1. Entity Name SMITH REPORTING SERVICES, INC.					
Principal Place of Business 1903 BRANDON BROOK DR. VALRICO FL 33594			Mailing Address P.O. BOX 1234 BRANDON FL 33509		
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	4. FEI Number 55-0821964 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, DENISE 1903 BRANDON BROOK DR. VALRICO FL 33594	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State			S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			10. OFFICERS AND DIRECTORS		
TITLE	D <input type="checkbox"/> Delete	NAME	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
STREET ADDRESS	SMITH, DENISE	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000772631 08/23/07-80002-021 550.00		
CITY - ST - ZIP	1903 BRANDON BROOK DR.	VALRICO FL 33594	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> 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:

Denise Smith Denise Smith

8-21-07

813-368-9904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #