

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000113253

1. Entity Name
EVENTSMITHS, INC.



FILED
Feb 12, 2007 08:00 AM
Secretary of State

Principal Place of Business
2250 TARRAGON LANE
NEW PORT RICHEY FL 34655
US

Mailing Address
1324 SEVEN SPRINGS BOULEVARD
#325
NEW PORT RICHEY FL 34655
US



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

1st MOORE

CR2E034 (10/06)

4. FEI Number 02-0649133

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CHARLES J ESQ.
4938 NATIVE DANCER LANE
ORLANDO FL 32826

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
SMITH, CHRISTIAN W JR.
901 RIDGE ROAD
TARPON SPRINGS FL 34688 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000631039
02/20/07-80032-003 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SMITH, CLARK D
2250 TARRAGON LANE
NEW PORT RICHEY FL 34655 ☐ Delete

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 persons empowered.

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