## 2008 FOR PROFIT CORPORATION

## Mar 19, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000133117 1. Entity Name JUDITH D. SMITH, CPA, P.A. Principal Place of Business Mailing Address 1305 W CARISSA CT PO BOX 9594 TAMPA, FL 33604-3941 TAMPA, FL 33674 03062008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2412560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AGSTER, RICHARD S ESQ. DO NOT WRITE 3602 W EUCLID AVE TAMPA, FL 33629 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. Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE SMITH, JUDITH D NAME 1305 W CARISSA CT STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336043941 TITLE U00000863575 04/03/08-80097-008 150:00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED