

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137586

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TOD SMITH CARPET INSTALLATIONS, INC.

**Current Principal Place of Business:**

220 REFLECTIONS CIRCLE  
107  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 REFLECTIONS CIRCLE  
107  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

FEI Number: 20-0449060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, TOD  
220 REFLECTIONS CIRCLE  
107  
CASSELBERRY, FL 32707 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SMITH, TOD  
Address: 220 REFLECTIONS CIRCLE - APT 107  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby 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 all other like empowered.

SIGNATURE: TOD SMITH

PST

04/29/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date