

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State

08-18-2008 90001 041 ***150.00

DOCUMENT # P04000033509 1. Entity Name SMSEC HOLDINGS INCORPORATED					
Principal Place of Business 9038 SR 52 #35 HUDSON, FL 34668			Mailing Address 11015 BAYLOR DRIVE SPRING HILL, FL 34608		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. Box 233 Suite, Apt. #, etc.			
City & State Zip		City & State Campbellton, FL Zip 32426		Country U.S.A.	
4. FEI Number 13-4273934				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				08142008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent VAN HEERDEN, SHARON L MISS 7261 TOUCAN TRAIL SPRING HILL, FL 34606			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO CLARK, SHARON MRS 1015 BAU, PR DR SPRING HILL, FL 34608		TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO SHARON CLARK P.O. Box 233 Campbellton, FL 32426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Sharon Clark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			SHARON CLARK Date		
08-14-08			888-556-3295 Daytime Phone #		