

FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P04000043332
1. Entity Name

SMF OF WESTMORELAND, INC.



FILED

07 MAY 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2550 SE Willoughby Blvd.
Suite, Apt. #, etc.

3. Mailing Address
2550 SE Willoughby Blvd.
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State Stuart, FL		City & State Stuart, FL		4. FEI Number 77-0625354	Applied For Not Applicable
Zip 34994	Country USA	Zip 34994	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GOUGE, HOWARD E. JR.
Street Address (P.O. Box Number is Not Acceptable)
401 East Osceola Street
City
Stuart FL Zip Code
34994

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 reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATAKAETIS, MICHAEL J. 2550SE Willoughby Blvd. Stuart, FL 34994	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700103727647 06/01/07--01009--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LASKARIS, SPIRO 5070 Schooner Oaks Way Stuart, FL 34997	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOGAL, CHRISTOPHER 102 Charleston Oaks Drive Port St. Lucie, FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/07 772-219-0749
Date Daytime Phone #