2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000129517

Entity Name: J. SMITH ENTERPRISES, INC.

FILED Feb 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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8618 BLUE BELL LN 16330 FOREST TRAIL RD JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32234

Current Mailing Address: New Mailing Address:

8618 BLUE BELL LN 16330 FOREST TRAIL RD JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32234

FEI Number: 20-1567208 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, KEITH H 8810 GOODBYS EXECUTIVE DR STE A JACKSONVILLE, FL 32217 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: PRFS (X) Change () Addition SMITH, JUDSON R Name: Name: SMITH, JUDSON R 8618 BLUE BELL LN 16330 FOREST TRAIL RD Address: Address: City-St-Zip:

JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32234

Title: VΡ Title: VΡ (X) Change () Addition () Delete SMITH, JUDSON R Name: Name: SMITH, JUDSON R 8618 BLUE BELL LN 16330 FOREST TRAIL RD Address: Address: JACKSONVILLE, FL 32244 JACKSONVILLE, FL 32234 City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition TRES () Delete TRES

SMITH, JUDSON R SMITH, JUDSON R Name: Name: 8618 BLUE BELL LN 16330 FOREST TRAIL RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32244 City-St-Zip: JACKSONVILLE, FL 32234

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JUD SMITH **PRES** 02/05/2009