

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90019 015 \*\*\*150.00

**DOCUMENT # P04000156009**

1. Entity Name  
**SMWB, INC.**



Principal Place of Business  
**8591 NW 186TH STREET  
SUITE 142  
MIAMI, FL 33015**

Mailing Address  
**P.O. BOX 343507  
HOMESTEAD, FL 33034**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008

Chg-P

CR2E034 (12/06)

4. FEI Number

**21-0907501**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, SUDIE M  
8591 NW 186TH STREET  
SUITE 142  
MIAMI, FL 33015**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☒ Delete  
NAME **SCOTT, TRACY MR**  
STREET ADDRESS **10291 SW 168TH ST**  
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **ST** ☐ Delete  
NAME **PLANTER, MARY MRS**  
STREET ADDRESS **PO BOX 116**  
CITY-ST-ZIP **BRIDGETON, NJ 08302**

TITLE **P** ☐ Delete  
NAME **WILLIAMS, SUDIE M**  
STREET ADDRESS **8591 NW 186TH ST., 142**  
CITY-ST-ZIP **MIAMI, FL 33015**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Change ☒ Addition  
NAME **Mack, Darlene MS**  
STREET ADDRESS **1414 South Maple Dr**  
CITY-ST-ZIP **VineLand, NJ 08360**

TITLE **VP T** ☒ Change ☐ Addition  
NAME **Planter, Mary MRS**  
STREET ADDRESS **PO Box 116**  
CITY-ST-ZIP **Bridgeton, NJ 08302**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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: *Sudie Williams* **Sudie Williams President** **4-2-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #