


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00**  
**Secretary of State**

<b>DOCUMENT # P05000022383</b> 1. Entity Name S.M.R. IMPROVEMENTS, INC.	
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Principal Place of Business  
8359 GLENFIELD OAKS DR.  
MACCLENLY, FL 32063 US

Mailing Address  
P. O. BOX 136  
MACCLENLY, FL 32063 US

**DO NOT WRITE IN THIS SPACE**



03132008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0306462	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

RHODEN, GEORGE B  
8359 GLENFIELD OAKS DR.  
MACCLENLY, FL 32063

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

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**

TITLE	P
NAME	RHODEN, GEORGE B
STREET ADDRESS	8359 GLENFIELD OAKS DR.
CITY-ST-ZIP	MACCLENLY, FL 32063
TITLE	S
NAME	RHODEN, BONITA B
STREET ADDRESS	8359 GLENFIELD OAKS DR.
CITY-ST-ZIP	MACCLENLY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/08-80024-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George B. Rhoden

Mar 13, 2008

Date

904-813-3091

Daytime Phone #