

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000022566**

1. Entity Name  
**HEYMAN, SMATHERS & ASSOCIATES, INC.**



Principal Place of Business  
**16910 SE HIGHWAY 441  
SUITE 203  
SUMMERFIELD, FL 34491**

Mailing Address  
**16910 SE HIGHWAY 441  
SUITE 203  
SUMMERFIELD, FL 34491**



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-2351019</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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

**SMATHERS, WILLIAM H  
16910 SE HIGHWAY 441  
SUITE 203  
SUMMERFIELD, FL 34491**

**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 reinstating)

DATE

*NORMAN E. HEYMAN*  
*V.P.*

*01-08-08*

**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**

1100000777421

01/10/08-80007-019 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SMATHERS, WILLIAM H
STREET ADDRESS	6779 CLAYTON STREET
CITY- ST- ZIP	TANGERINE, FL 32777
TITLE	VP
NAME	HEYMAN, NORMAN E
STREET ADDRESS	9286 SE 170TH FONTAINE STREET
CITY- ST- ZIP	THE VILLAGES, FL 32162
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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

Date

Daytime Phone #

*NORMAN E. HEYMAN* V.P.

*01-08-08 352-347-8188*