

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000026179

FILED
Feb 15, 2009
Secretary of State

Entity Name: SMOKY MOUNTAIN ADVENTURE CABINS, INC..

Current Principal Place of Business:

1633 NW 106TH LN
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1633 NW 106TH LN
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-2419174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEVER, LYNNE M MISS
1633 NW 106TH LANE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: BEVER, LYNNE M MISS
Address: 1633 NW 106TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: VP () Delete
Name: BEVER, LYNNE M MISS
Address: 1633 NW 106TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: SEC () Delete
Name: BEVER, LYNNE M MISS
Address: 1633 NW 106TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: TREA () Delete
Name: BEVER, LYNNE M MISS
Address: 1633 NW 106TH LANE
City-St-Zip: CORAL SPRINGS, FL 33071 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LYNNE MARIE BEVER

MISS

02/15/2009

Electronic Signature of Signing Officer or Director

Date