2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000059157

1. Entity Name
JOYCE E. SMITH, P.A.

Principal Place of Business	Mailing Address
1548 MAPLE LEAF LANE ORANGE PARK, FL 32003 US	1548 MAPLE LEAF LANE ORANGE PARK, FL 32003 US

DO NOT WRITE IN THIS SPACE

03262008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-5090919	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JOYCE E
1548 MAPLE LEAF LANE
ORANGE PARK, FL 32003

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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

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	U000000923345 05/16/08-80027-001 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PST
NAME	SMITH, JOYCE E
STREET ADDRESS	1548 MAPLE LEAF LANE
CITY-ST-ZIP	ORANGE PARK, FL 32003

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joyce E Smith   4-23-08   904-465-2427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #