

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000165315

1. Entity Name
G. THOMAS SMITH, PA



Principal Place of Business
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502 US

Mailing Address
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502 US



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3967624

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, G. THOMAS
510 E. ZARAGOZA STREET
PENSACOLA, FL 32502

**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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000615319
02/06/07-80065-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SMITH, G. THOMAS
STREET ADDRESS	510 E. ZARAGOZA STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	S/D
NAME	SMITH, G. THOMAS
STREET ADDRESS	510 E. ZARAGOZA STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
TITLE	T/D
NAME	SMITH, G. THOMAS
STREET ADDRESS	510 E. ZARAGOZA STREET
CITY-ST-ZIP	PENSACOLA, FL 32502
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 #