

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P06000002999

1. Entity Name
FEDSMITH INC.



Principal Place of Business
**14 EAST POPLAR WAY
SANTA ROSA BEACH, FL 32459**

Mailing Address
**14 EAST POPLAR WAY
SANTA ROSA BEACH, FL 32459**



04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0564352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, IAN
14 EAST POPLAR WAY
SANTA ROSA BEACH, FL 32459**

**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 _____ (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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, IAN
STREET ADDRESS	14 EAST POPLAR WAY
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	CD
NAME	SMITH, RALPH
STREET ADDRESS	14 EAST POPLAR WAY
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	VTSD
NAME	SMITH, SUSAN
STREET ADDRESS	14 EAST POPLAR WAY
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/08-80037-007 150.00

**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:

Susan Smith
SUSAN SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2008 931-224-3079
Date Daytime Phone #