

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90025 017 ***150.00

DOCUMENT # P06000034989

1. Entity Name

SMITH DIVERSIFIED BUSINESS SERVICES, INC.



Principal Place of Business

717 ORANGE AVENUE
LONGWOOD FL 32750

Mailing Address

717 ORANGE AVENUE
LONGWOOD FL 32750

2. Principal Place of Business - No P.O. Box #
717 ORANGE AVENUE

Suite, Apt. #, etc.

3. Mailing Address
717 ORANGE AVENUE

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/07)

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

4. FEI Number

20-4785861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM
717 ORANGE AVENUE
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the filer (if applicable).

(NOTE: Registered Agent signature required when submitting a change of agent.)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing,
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	717 ORANGE AVENUE	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, WILLIAM	
STREET ADDRESS	717 ORANGE AVENUE	
CITY-STATE-ZIP	LONGWOOD FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

William Smith

William Smith

04-04-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cap

Daytime Phone #