

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037635

FILED  
May 18, 2009  
Secretary of State

Entity Name: SMITH MARITIME INC.

**Current Principal Place of Business:**

967 BULKHEAD RD  
GREEN COVE SPRINGS, FL 32043

**New Principal Place of Business:**

**Current Mailing Address:**

967 BULKHEAD RD  
GREEN COVE SPRINGS, FL 32043

**New Mailing Address:**

P.O. BOX 188  
GREEN COVE SPRINGS, FL 320430188

FEI Number: 20-4571639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WELTON, CAPRICE  
967 BULKHEAD ROAD  
GREEN COVE SPRINGS, FL 32043 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, LATHAM C  
Address: 967 BULKHEAD RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: V ( ) Delete  
Name: LORD, CARTER U  
Address: 4407 OAK GLEN RD  
City-St-Zip: LAKELAND, FL 33813

Title: ST ( ) Delete  
Name: WELTON, CAPRICE A  
Address: 967 BULKHEAD RD  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

**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:

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: CAPRICE A. WELTON

S/T

05/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date