


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000101876	
1. Entity Name CHARLES A SMITH JR, PA	

Principal Place of Business 9637 SUGAR PINES COURT DAVIE, FL 33328	Mailing Address 9637 SUGAR PINES COURT DAVIE, FL 33328
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2. Principal Place of Business - No P.O. Box # See Above	3. Mailing Address See Above
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country
Zip	Country



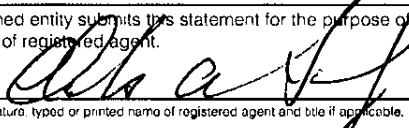
01292008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5415598	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SMITH JR, CHARLES 9637 SUGAR PINES COURT DAVIE, FL 33328	

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 	DATE 4/1/08
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH JR, CHARLES 9637 SUGAR PINES COURT DAVIE, FL 33328 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000000879906 04/15/08-80038-018 150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	DATE: 4/1/08	DAYTIME PHONE: 954-236-6903
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		