## 2008 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P06000107591** 1. Entity Name SMITH POULTRY, INC. Principal Place of Business Mailing Address 9062 169TH RD 9062 169TH RD LIVE OAK, FL 32060 LIVE OAK, FL 32060 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent COULTHURST, BARBARA B 172 W MAIN STREET MAYO, FL 32066

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied with this filling 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

## **FILED** Apr 16, 2008 08:00 A Secretary of State



6. Name and Address of Current Registered Agent  COULTHURST, BARBARA B 172 W MAIN STREET MAYO, FL 32066  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or both, in the State of Florida. I am familiar with, and accelerate obligations of registered agent, or bot	1_	O NOT WRITE II	1 IIIIS SPACE	4. FEI Numb			Applied For Not Applicable
COULTHURST, BARBARA B 172 W MAIN STREET MAYO, FL 32066  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 Iamiliar with, and accentifications of registered agent.  SIGNATURE  Signature, special principles is \$150.00  After May 1, 2008 Fee will be \$550.00  P. Election Campalign Financing Trust Fund Contribution.  DATE  P. MAITH, J. R. ROBERT E SIBEL ADDRESS DIAZ 1937 H. R.D. DITYS 12P LIVE OAK, FL 32060  TILE TILE SIMPLE ADDRESS DIAZ 1937 H. R.D. DITYS 1-2P LIVE OAK, FL 32060  TILE TILE TILE TILE TILE TILE SIMPLE ADDRESS DIAZ 1937 H. R.D. DIAZ 2008 Fee WILL 2008 F. S.D. TILE TILE TILE TILE TILE TILE TILE TILE		•		5. Certificate	of Status Desired		
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 accertice obligations of registered agent.  Signature, horse or centred fame of registered agent and like if applicable. 4 (MOTE Registered Agent agridulus required when resistance), sp. DATE    Part		6. Name and Address of Current Regis	tered Agent				
SIGNATURE  Sprinture, typed or printed rights a layer and stol if sprinture.  FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  P. Election CampBign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  OFFICERS AND DIRE	172 W MAIN STREET						
### Signature, typed or printed name of registered upers and time if applicable. If (NOTE Registered Agent signature required whom re-natating) (ty. DATE)  #### PAIR IN THIS SPACE    NAME   Signature, typed or printed name of registered upers and time if applicable. If (NOTE Registered Agent signature required whom re-natating) (ty. DATE)  #### PAIR IN THIS SPACE    NAME   Signature, typed or printed name of registered upers and time if applicable. If (NOTE Registered Agent signature required whom re-natating) (ty. DATE)  #### PAIR IN THIS SPACE    NAME   Signature, typed or printed name of registered upers and time if applicable. If (NOTE Registered Agent signature required whom re-natating) (ty. DATE)  #### PAIR IN THIS SPACE    NAME   Signature, typed or printed name of registered upers and time is greatered whom re-natating) (ty. DATE)  #### PAIR IN THIS SPACE    NAME   Signature, typed or printed name of registered upers and time is greatered upers and time is gr	8. The above the obligat	e named entity submits this statement for the prions of registered agent.	purpose of changing its registered office	or registered agent, or bo	th, in the State of Flor	rida. I am famili.	ar with, and accept
### FILE NOW!! FEE IS \$150.00 ### \$550.00	SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. 4 (NOTE Registered Agent sign	ature required when reinstating)	(6. 15	DATE	
TITLE P NAME SMITH, JR, ROBERT E SIRELI ADDRESS   9062 169TH RD   LIVE OAK, FL 32060   TITLE V NAME SMITH, ROBERT E SIRELI ADDRESS   18375 96TH RD   LIVE OAK, FL 32060   TITLE V NAME SMITH, RYAN E SIRELI ADDRESS   18375 96TH RD   LIVE OAK, FL 32060   TITLE V NAME SMITH, RYAN E SIRELI ADDRESS   9094 169TH RD   LIVE OAK, FL 32060   TITLE   LIVE OAK, FL 32060   TITLE   NAME SIRELI ADDRESS   CITY-SI-ZIP   TITLE   NAME SIRELI ADDRESS   SIRELI ADDRES	FIL After M	E NOW!!! FEE IS \$150.00	9. Election Campaign Financing	\$5.00 May Be	,	,	The state of the s
SMITH, JR, ROBERT E SIRET ADDRESS CITY-SI-ZIP LIVE OAK, FL 32060  TITLE NAME SMITH, ROBERT E SIRET ADDRESS CITY-SI-ZIP LIVE OAK, FL 32060  TITLE V NAME SMITH, ROBERT E SIRET ADDRESS 18375 96TH RD LIVE OAK, FL 32060  TITLE V NAME SMITH, RYAN E SIRET ADDRESS CITY-SI-ZIP LIVE OAK, FL 32060  DO NOT WRITE INTE INTE INTE INTHIS SPACE  TITLE NAME SIRET ADDRESS CITY-SI-ZIP  TITLE NAME SIRET ADDRESS	10.	OFFICERS AND DIREC	CTORS			<del>(///////////</del> - 00073-01	1 100 00
NAME STREET ADDRESS	NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	SMITH, JR, ROBERT E 9062 169TH RD LIVE OAK, FL 32060  V SMITH, ROBERT E 18375 96TH RD LIVE OAK, FL 32060  V SMITH, RYAN E 9094 169TH RD			NOT W	RITE	1 199.00
	NAME Street address	,					

Daylime Phone #