

ANNUAL REPORT

DOCUMENT # P06000130286

1. Entity Name
THE FAMILY OF SMITH INCFILED
Jul 10, 2008 8:00 am
Secretary of State

07-10-2008 90014 009 ***150.00

Principal Place of Business
7632 PORTSTEWART DR
BRADENTON, FL 34202 USMailing Address
PO BOX 20038
BRADENTON, FL 34204-0038 US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07072008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5988008

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEPHEN, SMITH J MR

~~1200 15TH STREET
BRADENTON, FL 34210~~7632 PORTSTEWART DR
BRADENTON, FL 34202

Name

STEPHEN, SMITH J MR

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

7632 PORTSTEWART DR

City

BRADENTON

FL

Zip Code

34202

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

07/07/2008

FILE NOW!!! FEE IS \$150.00
Due by September 12, 20089. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	MR	<input type="checkbox"/> Delete
NAME	SMITH, STEPHEN J	
STREET ADDRESS	7632 PORTSTEWART DR	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN SMITH

Date

07/07/08

Daytime Phone #

941-726

0873