

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90075 015 \*\*\*150.00

DOCUMENT # P06000153070

1. Entity Name  
JOANN ZUMMO SMITH INC.



Principal Place of Business  
9901 BAYWINDS DR. #3207  
WEST PALM BEACH, FL 33411 US

Mailing Address  
9901 BAYWINDS DR. #3207  
WEST PALM BEACH, FL 33411 US

00001400



2. Principal Place of Business - No P.O. Box #  
10375 MUSA Road

3. Mailing Address  
~~10375~~ 10375 MUSA Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-P CR2E034 (12/06)

City & State  
Spring Hill, FL

City & State  
Spring Hill, FL

4. FEI Number  
20-8053336

Applied For  
Not Applicable

Zip Country  
34608 Hernando

Zip Country  
34608 Hernando

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

## 6. Name and Address of Current Registered Agent

SMITH, JOANN  
9901 BAYWINDS DR. #3207  
WEST PALM BEACH, FL 33411

## 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE NAME  
PRES SMITH, JOANN ☐ Delete  
STREET ADDRESS  
9901 BAYWINDS DR. #3207  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33411

TITLE NAME  
TRES SMITH, JOANN ☐ Delete  
STREET ADDRESS  
9901 BAYWINDS DR. #3207  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33411

TITLE NAME  
SECT SMITH, JOANN ☐ Delete  
STREET ADDRESS  
9901 BAYWINDS DR. #3207  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33411

TITLE NAME  
DIR SMITH, JOANN ☐ Delete  
STREET ADDRESS  
9901 BAYWINDS DR. #3207  
CITY-ST-ZIP  
WEST PALM BEACH, FL 33411

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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

Date

Daytime Phone #

3/21/08 352-200-5064