


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P07000112018	
1. Entity Name SMOTHERS INC.	

Principal Place of Business 10012 MAJESTIC AVE FT MYERS, FL 33913	Mailing Address 10012 MAJESTIC AVE FT MYERS, FL 33913
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DO NOT WRITE IN THIS SPACE



02032008 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2008108	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMOTHERS, ROBERT F
10012 MAJESTIC AVE
FT MYERS, FL 33913**

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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 _____ (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. <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 SMOTHERS, ROBERT F 10012 MAJESTIC AVE FT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMOTHERS, BARBARA R 10012 MAJESTIC AVE FT MYERS, FL 33913
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02/15/08-80023-010 150.00

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: Robert F Smothers Robert F Smothers 2/1/08 239-768-6138

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #