

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000119888

Entity Name: SMITH COMPANIES, INC.

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

6190 STATE ROAD 80 W, UNIT A
LABELLE, FL 33935

New Principal Place of Business:

99 EGGLESTON ROAD
WHITNEY POINT, NY 13862

Current Mailing Address:

6190 STATE ROAD 80 W, UNIT A
LABELLE, FL 33935

New Mailing Address:

99 EGGLESTON ROAD
WHITNEY POINT, NY 13862

FEI Number: 38-3768003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, ADAM R
18301 TELEGRAPH CREEK LANE
ALVA, FL 33920 US

Name and Address of New Registered Agent:

SMITH, CHRISTINE A
9325 SE 140TH PLACE
SUMMERFIELD, FL 34491 US

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.

SIGNATURE: CHRISTINE A. SMITH

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, ADAM R
Address: 18301 TELEGRAPH CREEK LANE
City-St-Zip: ALVA, FL 33935

Title: VP () Delete
Name: SMITH, JEREMY W
Address: 53 EGGLESTON RD.
City-St-Zip: WHITNEY POINT, NY 13862

Title: DIR () Delete
Name: SMITH, WALLACE H
Address: 100 EGGLESTON RD.
City-St-Zip: WHITNEY POINT, NY 13862

Title: DIR () Delete
Name: SMITH, BROCK D
Address: 113 EGGLESTON RD.
City-St-Zip: WHITNEY POINT, NY 13862

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, ADAM R
Address: 266 NORTH STREET
City-St-Zip: WHITNEY POINT, NY 13862

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINE A. SMITH

A/M

04/16/2009

Electronic Signature of Signing Officer or Director

Date