

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000081476

FILED
Mar 06, 2009
Secretary of State

Entity Name: ALTON C. AND NORMA O. SMITH TRUST COMPANY

Current Principal Place of Business:

1413 HAMMOCK SHADE DRIVE
LAKELAND, FL 338092315

New Principal Place of Business:

Current Mailing Address:

1413 HAMMOCK SHADE DRIVE
LAKELAND, FL 338092315

New Mailing Address:

FEI Number: 80-0260276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGEE, RACHEL
11400 BANNER COURT, #1210
VININGS APARTMENTS
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

MCGEE, RACHEL
1413 HAMMOCK SHADE DRIVE
LAKELAND, FL 338093215 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: _____

Electronic Signature of Registered Agent

03/06/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CCEO () Delete
Name: SMITH, ALTON C
Address: 1413 HAMMOCK SHADE DRIVE
City-St-Zip: LAKELAND, FL 338092315

Title: CCEO () Delete
Name: SMITH, NORMA O
Address: 1413 HAMMOCK SHADE DRIVE
City-St-Zip: LAKELAND, FL 338092315

Title: CFO () Delete
Name: SMITH, ALTON C
Address: 1413 HAMMOCK SHADE DRIVE
City-St-Zip: LAKELAND, FL 338092315

Title: S () Delete
Name: SMITH, NORMA O
Address: 1413 HAMMOCK SHADE DRIVE
City-St-Zip: LAKELAND, FL 338092315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALTON C. SMITH

Electronic Signature of Signing Officer or Director

CCEO

03/06/2009

Date