

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 10, 2009
Secretary of State**

DOCUMENT# P08000099027

Entity Name: SMC SUB SHOPS, INC.

Current Principal Place of Business:

700 S PALM AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

700 S PALM AVENUE
PALATKA, FL 32177

New Mailing Address:

FEI Number: 26-3663774 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN SR., TIMOTHY D
700 S PALM AVENUE
PALATKA, FL 32177 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SCHIANO, EDMONDO 2ND
Address: 4037 HALF MOON CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: VP () Delete
Name: BROWN, TIMOTHY D SR
Address: 501 FEDERAL POINT ROAD
City-St-Zip: EAST PALATKA, FL 32131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BROWN, TIMOTHY D SR.
Address: 501 FEDERAL POINT ROAD
City-St-Zip: EAST PALATKA, FL 32131

Title: VPST (X) Change () Addition
Name: BROWN, TIMOTHY D SR
Address: 501 FEDERAL POINT ROAD
City-St-Zip: EAST PALATKA, FL 32131

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: TIMOTHY D. BROWN, SR.

PRES

09/10/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date