

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000100953

Entity Name: SMART OPS, INC.

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

12344 HOOD LANDING ROAD  
JACKSONVILLE, FL 32258

**New Principal Place of Business:**

**Current Mailing Address:**

12344 HOOD LANDING ROAD  
JACKSONVILLE, FL 32258

**New Mailing Address:**

FEI Number: 26-3708730

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHN, ALAN B ESQ  
100 WEST CYPRESS ROAD STE 700  
FORT LAUDERDALE, FL 33309 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: D  
Name: HOLSINGER, WILLIAM S  
Address: 12344 HOOD LANDING ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: D  
Name: HOLSINGER, MARION E  
Address: 12344 HOOD LANDING ROAD  
City-St-Zip: JACKSONVILLE, FL 32258

Title: S  
Name: HOLSINGER, TERESA A  
Address: 3100 ROBERTS ROAD, B-1  
City-St-Zip: KNOXVILLE, TN 37924

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM S. HOLSINGER

D

03/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date