

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007869

FILED  
Apr 30, 2012  
Secretary of State

**Entity Name:** W.L. SMITH & ASSOCIATES CONSULTING, INC.

**Current Principal Place of Business:**

1801 HILLSIDE DR.  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

1801 HILLSIDE DR.  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 36-4648347

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, WALTER L II  
1801 HILLSIDE DRIVE  
TAMPA, FL 33610 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: P  
Name: SMITH, WALTER L II  
Address: 1801 HILLSIDE DRIVE  
City-St-Zip: TAMPA, FL 33610 US

Title: VP  
Name: SMITH, ANDRE  
Address: 1940 CYPRESS STREET  
City-St-Zip: TAMPA, FL 33606 US

Title: VP  
Name: STEPHENS, ROBERT D  
Address: P.O. BOX 2175  
City-St-Zip: MANGO, FL 33550 US

Title: ADV  
Name: GORDON, SALESIA  
Address: 2504 EAST 12TH AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: ADV  
Name: SHAW, GERALDINE W  
Address: 2504 EAST 12TH AVENUE  
City-St-Zip: TAMPA, FL 33606 US

Title: ADV  
Name: SMITH, WALTER L  
Address: 1940 CYPRESS STREET  
City-St-Zip: TAMPA, FL 33606 US

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: WALTER L. SMITH, II

P

04/30/2012

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

\_\_\_\_\_  
Date