

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000009076

Entity Name: SMIS, INC.

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1499 ROBERT STREET  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

1499 ROBERT STREET  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 26-4143420

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORGAN, SHARON E  
1499 ROBERT STREET  
LONGWOOD, FL 32750 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: MORGAN, SHARON E  
Address: 1499 ROBERT STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: VP  
Name: MORGAN, SHARON E  
Address: 1499 ROBERT STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: DIR  
Name: MORGAN, SHARON E  
Address: 1499 ROBERT STREET  
City-St-Zip: LONGWOOD, FL 32750

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: SHARON MORGAN

PRES

04/27/2011

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

\_\_\_\_\_  
Date