

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000004571

FILED
Mar 24, 2009
Secretary of State

Entity Name: CLYDE B. SMITH III, P.A.

Current Principal Place of Business:

1605 S COLLINS ST
PLANT CITY, FL 33566 US

New Principal Place of Business:

1605 S COLLINS ST
PLANT CITY, FL 33563 US

Current Mailing Address:

P. O. BOX 2186
PLANT CITY, FL 335642186 US

New Mailing Address:

FEI Number: 59-3161238 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CLYDE B. III
1605 S COLLINS ST
PLANT CITY, FL 33566 US

Name and Address of New Registered Agent:

SMITH, CLYDE B III
1605 S COLLINS ST
PLANT CITY, FL 33563 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: CLYDE B. SMITH III

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, CLYDE B III
Address: 1605 S COLLINS ST
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, CLYDE B III
Address: 1605 S COLLINS ST
City-St-Zip: PLANT CITY, FL 33563 US

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: CLYDE B. SMITH III

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date