

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029021

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: SMILEY'S ANTIQUE MALL OF GAINESVILLE, INC.

**Current Principal Place of Business:**

17020 SE  
COUNTY RD 234  
MICANOPY, FL 32667 US

**New Principal Place of Business:**

**Current Mailing Address:**

6550 ST. AUGUSTINE ROAD  
SUITE 203  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 59-3180721      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CAMPEN, BEN  
6550 ST. AUGUSTINE ROAD  
SUITE 203  
JACKSONVILLE, FL 32217 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PS ( ) Delete  
Name: CAMPEN, BEN  
Address: 5348 NW 9TH LANE  
City-St-Zip: GAINESVILLE, FL

Title: DV ( ) Delete  
Name: CAMPEN, BEN H  
Address: 1526 UNIVERSITY BLVD W #251  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: CARROLL, ASHLEY C  
Address: 8104 MOUNT RANIER DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PS (X) Change ( ) Addition  
Name: CAMPEN, BEN  
Address: 5348 NW 9TH LANE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ASHLEY CARROLL

D

04/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date