

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029021

FILED
Mar 23, 2009
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 32605

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

Title: DV (X) Change () Addition
Name: CAMPEN, BEN H
Address: 4446 HENDRICKS AVE: SUITE 365
City-St-Zip: JACKSONVILLE, FL 32207

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: BEN H. CAMPEN

DV

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date