

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000029021

FILED  
Feb 25, 2010  
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  
**Name:** CAMPEN, BEN  
**Address:** 5348 NW 9TH LANE  
**City-St-Zip:** GAINESVILLE, FL 32605

**Title:** DV  
**Name:** CAMPEN, BEN H  
**Address:** 4446 HENDRICKS AVE: SUITE 365  
**City-St-Zip:** JACKSONVILLE, FL 32207

**Title:** D  
**Name:** CARROLL, ASHLEY C  
**Address:** 764 WHOOPING CRANE COURT  
**City-St-Zip:** SANFORD, FL 32771

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:** ASHLEY CAMPEN CARROLL

VP

02/25/2010

Electronic Signature of Signing Officer or Director

Date