

2008 FOR PROFIT CORPORATION ANNUAL REPORT

 **FILED**
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # P94000075801

1. Entity Name
JULIE EASON SMITH, P.A.



Principal Place of Business
2060 WINTER SPRINGS BOULEVARD
OVIEDO, FL 32765 US

Mailing Address
2060 WINTER SPRINGS BOULEVARD
OVIEDO, FL 32765 US



03182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3283464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, JULIE E
2060 WINTER SPRINGS BLVD.
OVIEDO, FL 32708

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000888329

04/09/08-80004-020 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	SMITH, JULIE E
STREET ADDRESS	2060 WINTER SPRINGS BOULEVARD
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	D
NAME	SMITH, JULIE E
STREET ADDRESS	2060 WINTER SPRINGS BOULEVARD
CITY-ST-ZIP	OVIEDO, FL 32765

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #