


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90057 014 ***150.00

DOCUMENT # P95000014756 1. Entity Name I.N.C. "SMOKESHIRTS" INC.	
--	---

Principal Place of Business 222 S. LAKESHORE BLVD LAKE WALES, FL 33853-3840 US	Mailing Address 222 S. LAKESHORE BLVD LAKE WALES, FL 33853-3840 US PO Box 1000 LAKE WALES, FL 33859-1000
--	--

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0557173	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent	
TRUITT, ANDREW P 567 45TH ST SARASOTA, FL 34234-4511	222 S. LAKESHORE BLVD. LAKE WALES, FL 33853-3840

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS TRUITT, ANDREW P 567 45TH ST SARASOTA, FL 34234-4511 222 S. LAKESHORE BLVD. LAKE WALES, FL 33853-3840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT TRUITT, LINDA A 567 45TH ST SARASOTA, FL 34234-4511 222 S. LAKESHORE BLVD. LAKE WALES, FL 33853-3840
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: Andrew P. Truitt Andrew P. Truitt 1-7-08 863-679-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #