
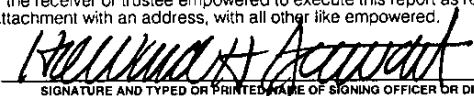


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90032 009 ***150.00

DOCUMENT # P95000027224					
1. Entity Name SMALLWOOD, REYNOLDS, STEWART, STEWART & ASSOCIATES OF FLORIDA, INC.					
Principal Place of Business 550 REO ST SUITE 300 TAMPA, FL 33609			Mailing Address 750 HAMMOND DR BLDG 12 STE 100 ATLANTA, GA 30328 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3304759	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENNING, MICHAEL F 550 REO ST SUITE 300 TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME SMALLWOOD, PHILLIP L STREET ADDRESS 3565 PEIDMONT RD, SUITE 303 CITY-ST-ZIP ATLANTA, GA 30305	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VSD NAME REYNOLDS, WILLIAM D STREET ADDRESS 3565 PEIDMONT RD, STE. 303 CITY-ST-ZIP ATLANTA, GA 30305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PTC NAME STEWART, HOWARD H STREET ADDRESS 3565 PIEDMONT RD, STE. 303 CITY-ST-ZIP ATLANTA, GA 30305	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME BENNING, MICHAEL F STREET ADDRESS 100 S. ASHLEY DRIVE, STE. 350 CITY-ST-ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE VD NAME Michael F. Benning STREET ADDRESS 550 Reo Street, Suite 300 CITY-ST-ZIP Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VD NAME Charles C. Hull STREET ADDRESS 3565 Piedmont Road, Suite 303 CITY-ST-ZIP Atlanta, GA 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE VD NAME Roy Gilman Garrison STREET ADDRESS 3565 Piedmont Road, Suite 303 CITY-ST-ZIP Atlanta, GA 30305	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: 			Howard H. Stewart April 3, 2007 404-233-5453		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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