

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90032 009 ***150.00

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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

40058018

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



04092007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3304759

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMALLWOOD, PHILLIP L	
STREET ADDRESS	3565 PEIDMONT RD, SUITE 303	
CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	REYNOLDS, WILLIAM D	
STREET ADDRESS	3565 PEIDMONT RD, STE. 303	
CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	PTC	<input type="checkbox"/> Delete
NAME	STEWART, HOWARD H	
STREET ADDRESS	3565 PIEDMONT RD, STE. 303	
CITY-ST-ZIP	ATLANTA, GA 30305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BENNING, MICHAEL F	
STREET ADDRESS	100 S. ASHLEY DRIVE, STE. 350	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael F. Benning	
STREET ADDRESS	550 Reo Street, Suite 300	
CITY-ST-ZIP	Tampa, FL 33609	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles G. Hull	
STREET ADDRESS	3565 Piedmont Road, Suite 303	
CITY-ST-ZIP	Atlanta, GA 30305	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roy Gilman Garrison	
STREET ADDRESS	3565 Piedmont Road, Suite 303	
CITY-ST-ZIP	Atlanta, GA 30305	

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 Howard H. Stewart April 3, 2007 404-233-5453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #