

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90102 007 ***150.00

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01262007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3338463** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # P95000075113

1. Entity Name
WILLIAM B. SMITH, P.A.



Principal Place of Business
**2310 SOUTH CAROLINA
TAMPA, FL 33629**

Mailing Address
**PO BOX 18223
TAMPA, FL 33679-8223**

2. Principal Place of Business - No P.O. Box #
85 DAVIS BLVD.

3. Mailing Address
1D

Suite, Apt. #, etc.
1D

City & State
TAMPA, FLORIDA

Zip
33606

Country
USA

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM B ESQ.
2310 SOUTH CAROLINA
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name
SMITH, WILLIAM B ESQ.

Street Address (P.O. Box Number is Not Acceptable)
85 DAVIS BLVD 1D

City
TAMPA

FL
33606

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 *William B Smith* DATE **1/29/07**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input type="checkbox"/> Delete	TITLE 85 Davis Blvd 1D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, WILLIAM B		NAME TAMPA, FL 33606	
STREET ADDRESS 2310 SOUTH CAROLINA		STREET ADDRESS TAMPA, FL 33606	
CITY - ST - ZIP TAMPA, FL 33629		CITY - ST - ZIP TAMPA, FL 33606	
TITLE VT	<input type="checkbox"/> Delete	TITLE 85 DAVIS BLVD 1D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, SUZANNE T		NAME TAMPA, FL 33606	
STREET ADDRESS 2310 SOUTH CAROLINA		STREET ADDRESS TAMPA, FL 33606	
CITY - ST - ZIP TAMPA, FL 33629		CITY - ST - ZIP TAMPA, FL 33606	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

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: *William B Smith* DATE **1/29/07** DAYTIME PHONE # **813-251-0530**