

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90025 028 \*\*\*150.00

<b>DOCUMENT # P95000085248</b>					
<b>1. Entity Name</b> WARREN B. SMITH, INC.					
<b>Principal Place of Business</b> 2624 MALIN DRIVE TALLAHASSEE, FL 32309			<b>Mailing Address</b> 2624 MALIN DRIVE TALLAHASSEE, FL 32309		
<b>2. Principal Place of Business</b> 1095 Corby Court Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1095 Corby Court Suite, Apt. #, etc.			
<b>City &amp; State</b> Tallahassee, FL Zip 32317 Country USA		<b>City &amp; State</b> Tallahassee, FL Zip 32317 Country USA		<b>4. FEI Number</b> 65-0624591	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> SMITH, RICHARD W 2624 MALIN DRIVE TALLAHASSEE, FL 32309			<b>7. Name and Address of New Registered Agent</b> Name <u>Smith, Richard W</u> Street Address (P.O. Box Number is Not Acceptable) <u>1095 Corby Court</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32317</u>		
<b>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.</b> SIGNATURE <u>Richard W Smith</u> DATE <u>January 9, 2006</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, RICHARD W 2624 MALIN DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SMITH, RICHARD W 1095 CORBY COURT TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CARMELINA 2624 MALIN DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CARMELINA 1095 CORBY COURT TALLAHASSEE, FL 32317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Richard W Smith</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>January 9, 2006</u> (850) 893-2847 <small>Date Daytime Phone #</small>		