2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000085248

1. Entity Name
WARREN B. SMITH, INC.

Principal Place of Business	Mailing Address
1095 CORBY COURT	1095 CORBY COURT
TALLAHASSEE, FL 32317	TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0624591	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, RICHARD W
1095 CORBY COURT
TALLAHASSEE, FL 32317

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SMITH, RICHARD W
STREET ADDRESS	1095 CORBY COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32317

TITLE	VD
NAME	SMITH, CARMELINA
STREET ADDRESS	1095 CORBY COURT
CITY-ST-ZIP	TALLAHASSEE, FL 32309

TITLE	
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CITY-ST-ZIP	

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01/08/08--80034--021   150.00

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: _Richard W Smith_ Richard W. Smith PSTD   1/07/08 (850)893-2847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #