


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000101318 1. Entity Name SMITH & SONS DEV. & MGMT. CORP.	
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Principal Place of Business 1160 SW CHAPMAN 204 PALM CITY, FL 34990 US	Mailing Address P O BOX 518 PALM CITY, FL 34990
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04232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0833006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, GERALD A 1160 SW CHAPMAN WAY #204 PALM CITY, FL 34990
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**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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, GERALD A 1160 SW CHAPMAN WAY #204 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, CONNIE L 1160 SW CHAPMAN WAY #204 PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, VAUGHN E 6021 SE LANDINGS WAY #7 STUART, FL 34997
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SMITH, GERAUD B 878 E PORTLAND AVE FRESNO, CA 93720
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000928221
05/21/08-80019-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Connie L Smith **4-24-08 772-215-4686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #