FILED
Mar 07, 2008 8:00 am
Secretary of State
02-06-2008 90024 005 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000011772

1. Entity Name
SMITH & LILES, P.A.

Principal Place of Business	Mailing Address
714 N SPRING ST PENSACOLA, FL 32501 US	P.O. BOX 1713 PENSACOLA, FL 32591 US

66002812

01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3428361
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, T. RHETT
283 DEAN RD.
PENSACOLA, FL 32503

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 _____ 1/31/08
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	DP
NAME	SMITH, T. RHETT
STREET ADDRESS	~~283 DEAN RD~~ 15 west DeSoto
CITY-ST-ZIP	PENSACOLA, FL ~~32503~~ 32502
TITLE	DVTS
NAME	LILES, TERESA E
STREET ADDRESS	~~283 DEAN RD~~ 15 west DeSoto
CITY-ST-ZIP	PENSACOLA, FL ~~32503~~ 32501
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ 03/04/08 850-438-1220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ~~OFFICER OR DIRECTOR~~ Date Daytime Phone #