

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90040 029 \*\*\*150.00

**DOCUMENT # P97000022777**

1. Entity Name

**S M D RESEARCH, INC.**



Principal Place of Business

**6601 LYONS RD  
F-4  
COCONUT CREEK FL 33073**

Mailing Address

**6601 LYONS RD  
F-4  
COCONUT CREEK FL 33073**

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

**5600**  
Suite, Apt. #, etc.

3. Mailing Address

**9151 Pine Springs Dr**  
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

**BOCA RATON FL**  
**33428**  
**Palm Beach**

4. FEI Number

**65-0743395**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

1st MOORE

CR2E034 (10/07)



6. Name and Address of Current Registered Agent

**MESSICK, WALTER H P.A.  
1900 CORPORATE BLVD STE 305 WEST  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **OAKNER, STUART P**  
STREET ADDRESS **19093 STREAMSIDE CT**  
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **VSD** ☐ Delete  
NAME **BRANNICK, MARK T**  
STREET ADDRESS **9151 PINE SPRINGS DR**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/08**

Date

**561-883-3529**

Daytime Phone #