

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000061494 1. Entity Name ROBERT G. SMITH, INC.						12 MAY 15 PM 8:51	
Principal Place of Business 3 FAIRWAY RD JACKSONVILLE, FL 32250				Mailing Address 3 FAIRWAY RD JACKSONVILLE, FL 32250			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent SMITH, ROBERT G 3 FAIRWAY RD JACKSONVILLE, FL 32250				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 _____ (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
REMITTED BY MAY 1							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SMITH, ROBERT G 3 FAIRWAY RD JACKSONVILLE, FL 32250 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: <u>Munt H. J.</u>				DATE: <u>5/13/12</u>		E-MAIL ADDRESS: <u>NONE</u>	

A. DUNLAP