


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90051 017 ***158.75

DOCUMENT # P97000090444
 1. Entity Name
KAREN ROSE SMITH P.A.



Principal Place of Business
721 REGENCT RESERVE CIR 5703 #5703 NAPLES, FL 34119

Mailing Address
721 REGENCT RESERVE CIR 5703 #5703 NAPLES, FL 34119

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

3. Mailing Address
253 MONTEREY DR

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34119 Country
USA

Zip
34119 Country
USA


6. Name and Address of Current Registered Agent
**SMITH, KAREN R
 721 REGENCY RESERVE CIR #5703
 NAPLES, FL 34119**

4. FEI Number
65-0789759

Applied For
 Not Applicable

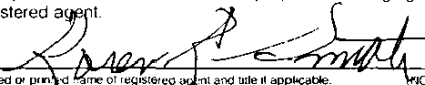
5. Certificate of Status Desired **\$8.75** Additional Fee Required

01142008 Chg-P CR2E034 (12/06)



7. Name and Address of New Registered Agent
 Name
SMITH, KAREN R.
 Street Address (P.O. Box Number is Not Acceptable)
253 MONTEREY DR
 City
NAPLES FL Zip Code
34119

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:  DATE: **1-15-08**

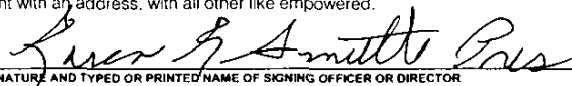
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KAREN R 229 SILVERADO DR. NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, KAREN R 253 MONTEREY DR. NAPLES FL 34119 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **1-15-08** 239-304-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #