2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State
04-25-2008 90145 030 ***150.00

DOCUMENT # P98000034677

1. Entity Name
BENEDICT SMITH DESIGN, INC.

Principal Place of Business
455 4TH STREET
LAKE WALES, FL 33853 US

Mailing Address
PO BOX 1678
LAKE WALES, FL 33859 US

66011323

01092008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. # etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number: 65-0847670 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENEDICT, GERALD
455 FOURTH STREET SOUTH
LAKE WALES, FL 33853

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 ______________________

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	V	☐ Delete
NAME	SMITH, KENNEDY JR	
STREET ADDRESS	9775 WEST WYNN CT.	
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
TITLE	P	☐ Delete
NAME	BENEDICT, GERALD R	
STREET ADDRESS	719 HERITAGE DR	
CITY-ST-ZIP	WINTER HAVEN, FL 33834	
TITLE	S	☐ Delete
NAME	BENEDICT, JEANNE	
STREET ADDRESS	719 HERITAGE DR	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
TITLE	T	☐ Delete
NAME	SMITH, CARROL	
STREET ADDRESS	9775 W WYNN CT	
CITY-ST-ZIP	CRYSTAL RIVER, FL 344294649	
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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STREET ADDRESS		
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 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: [signature] 5/21/08 1-877-885-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #