

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000055622**

1. Entity Name  
**SMILE KEEPERS, INC.**



Principal Place of Business  
**19105 CROOKED LANE  
LUTZ, FL 33548**

Mailing Address  
**19105 CROOKED LANE  
LUTZ, FL 33548**



03032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3518724</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BERNDT, DARLENE K  
19105 CROOKED LANE  
LUTZ, FL 33549**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-8-08**

**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	<b>D</b>
NAME	<b>BERNDT, DARLENE K</b>
STREET ADDRESS	<b>19105 CROOKED LANE</b>
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>

TITLE	<b>D</b>
NAME	<b>GARCIA, CONNIE L</b>
STREET ADDRESS	<b>19105 CROOKED LANE</b>
CITY-ST-ZIP	<b>LUTZ, FL 33549</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

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04/22/08-80023-008 150.00

**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:**

*Connie L. Garcia* **CONNIE L. GARCIA**

Date

Daytime Phone #

**4-8-8**

**813-909-0419**