
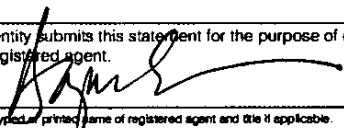
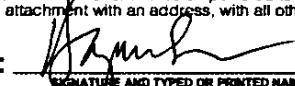


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90027 041 ***150.00

DOCUMENT # P98000060644 1. Entity Name SMITH & STONESTREET, P.A.					
Principal Place of Business 150 HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713			Mailing Address 150 HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713		
2. Principal Place of Business - No P.O. Box # 150 S. C.R. Beall Blvd.		3. Mailing Address P.O. Box 530144			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc.			
City & State DeBary, Florida		City & State DeBary, Florida		4. FEI Number 59-3522753	
Zip 32713		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32753		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent STONESTREET, DAPHNE K 150 SOUTH HIGHWAY 17-92 SUITE 2 DEBARY, FL 32713				7. Name and Address of New Registered Agent Name Daphne Stonestreet Street Address (P.O. Box Number is Not Acceptable) 150 S. C.R. Beall Blvd. Suite 2 City DeBary, FL Zip Code 32713	
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: 2/12/08 <small>Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 STONESTREET, DAPHNE K 1740 HURON TRAIL MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 2/12/08 Daytime Phone #: (386) 668-4451			