


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P98000086325	
1. Entity Name CONRAD-SMITH, INC.	

Principal Place of Business 11250 OLD ST. AUGUSTINE RD., #15-343 JACKSONVILLE, FL 32257 US	Mailing Address 11250 OLD ST. AUGUSTINE RD., #15-343 JACKSONVILLE, FL 32257 US
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DO NOT WRITE IN THIS SPACE



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3535401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, DANIEL L 10887 HORSE TRACK DRIVE JACKSONVILLE, FL 32257

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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: <i>Karen Conrad-Smith</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE: <i>2/29/08</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, KAREN A 11250 OLD ST. AUGUSTINE RD., #15-343 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, DANIEL L 11250 OLD ST. AUGUSTINE RD., #15-343 JACKSONVILLE, FL 32257
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03/18/08-80006-020 150.00

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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: <i>Karen Conrad-Smith</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>2/29/08</i> Daytime Phone #