

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000097771**

1. Entity Name  
**SMITH FAMILY HOMES CORPORATION**



Principal Place of Business  
**5110 EISENHOWER BLVD  
SUITE 160  
TAMPA, FL 33634 US**

Mailing Address  
**5110 EISENHOWER BLVD  
SUITE 160  
TAMPA, FL 33634 US**



01142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3543245**

Applied For  
Not Applicable

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

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

**SMITH, RONALD G  
17123 JOURNEYS END DRIVE  
ODESSA, FL 33556**

**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 \_\_\_\_\_

**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 **P**  
NAME **SMITH, RONALD G**  
STREET ADDRESS **17123 JOURNEYS END DR.**  
CITY-ST-ZIP **TAROPN SPRINGS, FL 34689**

TITLE **V**  
NAME **SMITH, MARCUS G**  
STREET ADDRESS **15605 DUNN'S POND ST**  
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE **V**  
NAME **SMITH, SCOTT A**  
STREET ADDRESS **3840 SORREL VINE**  
CITY-ST-ZIP **WESLEY CHAPEL, FL 33544**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/30/08-80005-003 150.00

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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 another like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/08**  
Date

**813-676-5304**  
Daytime Phone #