


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 20, 2008 08:00 A
Secretary of State

DOCUMENT # P99000101396 1. Entity Name DON L. SMITH CO.	
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Principal Place of Business 3338 PINEVIEW DRIVE HOLIDAY, FL 34691	Mailing Address 3338 PINEVIEW DRIVE HOLIDAY, FL 34691
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SMITH, DON L 3338 PINEVIEW DRIVE HOLIDAY, FL 34691



02112008 No Chg-P CR2E034 (11/05)

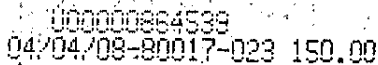
4. FEI Number 59-3629902	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

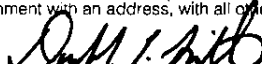
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, DONALD LOREN 3338 PINEVIEW DR HOLIDAY, FL 34691
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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:  **3/13/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #