

Jan 18, 2008 08  
Secretary of

DOCUMENT # V06260

1. Entity Name

KEITH SMITH &amp; ASSOCIATES INC.



Principal Place of Business

125 E. GRANADA BLVD.  
STE. G  
ORMOND BEACH, FL 32174

Mailing Address

PO BOX 1146  
ORMOND BEACH, FL 32175

01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3099459

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, KEITH  
125 E. GRANADA BLVD.  
STE. G  
ORMOND BEACH, FL 32176DO 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)

U000000789658

01/23/08-0002-003 150.00

**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/D                    |
| NAME           | SMITH, KEITH           |
| STREET ADDRESS | 125 E. GRANADA BLVD.   |
| CITY-ST-ZIP    | ORMOND BEACH, FL 32174 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| TITLE          |  |
| NAME           |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08

Date

Daytime Phone #