

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000048534

**Entity Name:** MICHAEL A. SMITH, INC.

**Current Principal Place of Business:**

550 GUS HIPPI BLVD  
SUITE 1  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

550 GUS HIPPI BLVD  
SUITE 1  
ROCKLEDGE, FL 32955 US

**FEI Number:** 59-3510461

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, MICHAEL A  
973 SABAL GROVE DRIVE  
ROCKLEDGE, FL 32955 US

*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.*

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            D  
Name            SMITH, MICHAEL A  
Address        973 SABAL GROVE DRIVE  
City-State-Zip: ROCKLEDGE FL 32955

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL A SMITH

**OWNER**

**04/01/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date