

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164425

FILED
Mar 05, 2009
Secretary of State

Entity Name: K E SMITH TAX ADVISORY GROUP, INC.

Current Principal Place of Business:

3220 SW 31ST RD., SUITE 202
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

2209 COLLIER PARKWAY, SUITE 155
LAND O LAKES, FL 34639

New Mailing Address:

3220 SW 31ST RD., SUITE 202
OCALA, FL 34474

FEI Number: 84-1629649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KENNETH E III
3220 SW 31ST ROAD, SUITE 202
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, KENNETH E III
Address: 3220 SW 31ST RD., SUITE 202
City-St-Zip: Ocala, FL 34474

Title: STD () Delete
Name: SMITH, ANGELA E
Address: 3220 SW 31ST RD., SUITE 202
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANGELA E. SMITH

STD

03/05/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date