

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818242

FILED
Jan 29, 2007
Secretary of State

Entity Name: SMITH'S INC., OF DOTHAN

Current Principal Place of Business:

488 ROSS CLARK CIRCLE, N.E.
DOTHAN, AL 36303

New Principal Place of Business:

Current Mailing Address:

488 ROSS CLARK CIRCLE, N.E.
DOTHAN, AL 36303

New Mailing Address:

P O BOX 1207
DOTHAN, AL 36302

FEI Number: 63-0335102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILMORE, DARWIN
7300 N. HWY. 1771
BONIFAY, FL 32425 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: CD () Delete
Name: WATSON, JOHN H.
Address: 488 ROSS CLARK CIRCLE NE
City-St-Zip: DOTHAN, AL 36303 US

Title: PD () Delete
Name: PARKS, THOMAS C.
Address: 488 ROSS CLARK CIRCLE NE
City-St-Zip: DOTHAN, AL 36303 US

Title: ST () Delete
Name: CHAMBERS, MARK
Address: 488 ROSS CLARK CIRCLE NE
City-St-Zip: DOTHAN, AL 36303 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: THOMAS C. PARKS/OFFICER

PD

01/29/2007

Electronic Signature of Signing Officer or Director

_____ Date