


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # J73965**  
 1. Entity Name  
 D & D SMITH CONSTRUCTORS, INC.



Principal Place of Business  
**D&D SMITH CONSTRUCTORS, INC**  
**519 CONROY ST.**  
**ORLANDO, FL 32805**

Mailing Address  
**D&D SMITH CONSTRUCTORS, INC**  
**519 CONROY ST.**  
**ORLANDO, FL 32805 US**

**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2853654	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SMITH, DWIGHT D.**  
**13561 SUNSET LKS CIR.**  
**WINTER GARDEN, FL 34787**

**DO 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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 <b>D</b>	<b>SMITH, DWIGHT D.</b>
NAME	<b>13561 SUNSET LK CIRCLE</b>
STREET ADDRESS	<b>WINTER GARDEN, FL 34787</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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 02/20/08-80053-016 150.00

**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:** D&D Smith Dwight D. Smith, Pres. 2/6/08 (407) 422-3232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #