


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90025 042 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # 231557</b><br>1. Entity Name<br>LEROY SMITH, INC. |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>4776 OLD DIXIE<br>PO BOX 716<br>VERO BEACH, FL 32961 | Mailing Address<br>4776 OLD DIXIE<br>PO BOX 716<br>VERO BEACH, FL 32961 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

|   |                                   |
|---|-----------------------------------|
| 4. FEI Number<br>59-0879336                               | Applied For<br>Not Applicable     |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

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

RENNICK, SANKA G  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SMITH, ELSON, R. JR.<br>849 LAKE DRIVE<br>VERO BEACH, FL 32960 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RITTER, SMITH S<br>111 JOHN'S ISLAND DRIVE<br>VERO BEACH, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SMITH, ELSON R III<br>1766 CORAL WAY S<br>VERO BEACH, FL 32963 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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: *Elson R. Smith* Pres. 2-507 (772) 567-3421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #