


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # 369249</b>	
1. Entity Name O.E. SMITH'S SONS, INC.	

Principal Place of Business 11749 U.S. #1 NORTH JACKSONVILLE, FL 32219	Mailing Address 11749 U.S. #1 NORTH JACKSONVILLE, FL 32219
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01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2629587	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MAKOFKA, LESTER LAW EXCHANGE BUILDING 24 NORTH MARKET STREET JACKSONVILLE, FL 32202
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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 reissuing) DATE \_\_\_\_\_

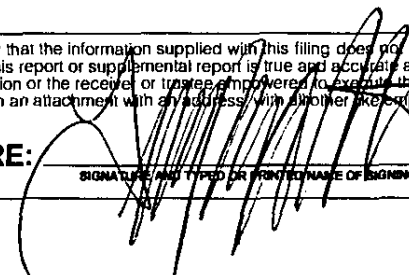
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, SYLVIA E 11749 US 1 NORTH JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, HELENA 9009 HECKSCHER DRIVE JACKSONVILLE, FL 32226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, GEORGE O 11749 U S 1 N JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, TRACY LYNN 201 ARTHUR MOORE DRIVE GREEN COVE SPRINGS, FL 32043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/17/08-80016-001 150.00

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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 another like empowered.

**SIGNATURE:**  Tracy Lynn Smith 1-4-08 904-765-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #