

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 503878

1. Entity Name
SMITH BROS. PLASTERING CO., INC.



Principal Place of Business

**2539 EDISON AVENUE
JACKSONVILLE, FL 32204**

Mailing Address

**2539 EDISON AVENUE
BOX 37368
JACKSONVILLE, FL 32204**

DO NOT WRITE IN THIS SPACE



07062006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1680288

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, HERBERT L.
6519 HYDE GROVE AVE
JACKSONVILLE, FL 32210**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000568984
07/11/06-80007-012 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | SMITH, HERBERT L. |
| STREET ADDRESS | 2539 EDISON AVENUE |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | VP |
| NAME | GAY, WILLIAM W |
| STREET ADDRESS | 524 STOCKTON STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | D |
| NAME | HOUSER, FRANK C |
| STREET ADDRESS | 524 STOCKTON STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | S/T |
| NAME | PAINTER, ROGER W |
| STREET ADDRESS | 524 STOCKTON STREET |
| CITY-ST-ZIP | JACKSONVILLE, FL 32204 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:

Herbert L. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #