2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 506606

1. Entity Name
R.R. SMITH, INC.

Principal Place of Business

HIGHWAY #17 SOUTH
P.O.BOX 1479
WAUCHULA, FL 33873

Mailing Address

HIGHWAY #17 SOUTH
P.O.BOX 1479
WAUCHULA, FL 33873

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FILED
Jan 12, 2007 08:00 AM
Secretary of State

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1695910	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH,ROBERT RAY
RT 3 MANLEY ROAD
P.O. BOX 1479
WAUCHULA, FL 33873

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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 X _Robert Ray Smith_

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

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

U000000585082
01/12/07-80062-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROBERT RAY
STREET ADDRESS	221 MANLEY RD
CITY-ST-ZIP	WAUCHULA, FL 33873

TITLE	VP
NAME	SMITH, ROBERT RAY JR.
STREET ADDRESS	2340 GREENLEAF RD
CITY-ST-ZIP	ZOLFO SPRINGS, FL 33890

TITLE	STD
NAME	JAHNA, CATHY JO
STREET ADDRESS	1319 LAKE ISIS DR
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: _Robert Ray Smith_   Robert Ray Smith   1-10-07   863-773.9747

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