

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90037 010 ***158.75

DOCUMENT # 519779

1. Entity Name

LEWIE F. & LEWIE J. SMITH FARMS, INC.



Principal Place of Business

3079 SMITH LANE
JAY FL 32565

Mailing Address

3079 SMITH LANE
JAY FL 32565

2. Principal Place of Business

3075 Hickory Hollow Lane
Suite, Apt. #, etc.

3. Mailing Address

3075 Hickory Hollow Lane
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1707651

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LEWIE F.
4699 CARR RD
JAY FL 32565

7. Name and Address of New Registered Agent

Name Lewie Joe Smith

Street Address (P.O. Box Number is Not Acceptable)

3075 Hickory Hollow Lane

City Jay

FL

Zip Code 32565

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]

2-2-06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	AUTREY, CONNIE	
STREET ADDRESS	HICKORY HOLLOW LANE	
CITY-ST-ZIP	JAY FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, IRIS L.F.	
STREET ADDRESS	ROUTE 3 BOX 328	
CITY-ST-ZIP	JAY FL	

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, LEWIE J	
STREET ADDRESS	4699 CARR RD	
CITY-ST-ZIP	JAY FL 32565	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, SHARON L.(ASST)	
STREET ADDRESS	ROUTE 3 BOX 328	
CITY-ST-ZIP	JAY FL	

TITLE	V	<input type="checkbox"/> Delete
NAME	SMITH, JEANNA C.(ASST)	
STREET ADDRESS	ROUTE 3 BOX 328	
CITY-ST-ZIP	JAY FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUTREY, CONNIE	
STREET ADDRESS	3080 Hickory Hollow Lane	
CITY-ST-ZIP	JAY, FL. 32565	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH IRIS L.F.	
STREET ADDRESS	4711 SPRING STREET	
CITY-ST-ZIP	JAY, FL. 32565	

TITLE	PD-S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH LEWIE J	
STREET ADDRESS	3075 HICKORY HOLLOW LANE	
CITY-ST-ZIP	JAY, FL. 32565	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICK, SHARON L (ASST)	
STREET ADDRESS	3100 HICKORY HOLLOW LANE	
CITY-ST-ZIP	JAY, FL. 32565	

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLISH, Jeanna C. (ASST)	
STREET ADDRESS	7007 whitetail Court	
CITY-ST-ZIP	Fredericksburg, VA. 22407	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, TRAVIS J. (ASST)	
STREET ADDRESS	3075 HICKORY HOLLOW LANE	
CITY-ST-ZIP	JAY, FL. 32565	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

2-2-06

850-675-4318