


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90024 030 ***150.00

DOCUMENT # 550328

1. Entity Name
HUGOMB MCSMITH CO., INC.



Principal Place of Business Mailing Address

299 E 4TH STREET **299 E 4TH STREET**
PANAMA CITY FL 32401 **PANAMA CITY FL 32401**
US **US**



2. Principal Place of Business 3. Mailing Address

516 McKenzie Avenue *516 McKenzie Avenue*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Panama City Florida *Panama City, Florida*

Zip Country Zip Country

32401 *USA* *32401* *USA*

4. FEI Number Applied For

59-1809528 Not Applicable

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

6. Name and Address of Current Registered Agent

JELKS, ALLEN N. J
~~**299 E 4TH STREET**~~ *516 McKenzie Ave.*
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name *Jelks, Allen N. Jr.*

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

City State Zip Code

Panama City **FL** *32401*

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 _____ DATE _____

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

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

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MIDDLEMAS, JOHN ROBERT	
STREET ADDRESS	718 BUNKERS COVE ROAD	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	STEPHENS, TERI D	
STREET ADDRESS	415 S MACARTHUR	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HARBISON, JOE B.	
STREET ADDRESS	316 S BONITA AVENUE	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JELKS, ALLEN N. JR.	
STREET ADDRESS	3908 W. 27TH STREET	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____