

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 550328**

1. Entity Name

HUGOMB MCSMITH CO., INC.



Principal Place of Business

516 MCKENZIE AVENUE  
PANAMA CITY FL 32401  
US

Mailing Address

516 MCKENZIE AVENUE  
PANAMA CITY FL 32401  
US



1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1809528**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JELKS, ALLEN N. J  
516 MCKENZIE AVE  
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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 fee. If applicable. (NOTE: Registered Agent signature required when changing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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 PD  
NAME MIDDLEMAS, JOHN ROBERT  
STREET ADDRESS 718 BUNKERS COVE ROAD  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE VPD  
NAME STEPHENS, TERI D  
STREET ADDRESS 415 S MACARTHUR  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE TD  
NAME HARBISON, JOE B.  
STREET ADDRESS 316 S BONITA AVENUE  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE SD  
NAME JELKS, ALLEN N. JR.  
STREET ADDRESS 3908 W. 27TH STREET  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
U000000818973  
02/15/08-80064-010 150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]* **JB Hara** 11500 Secretary 2-05-07 810-767-3095  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo Year