2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State
02-12-2004 90003 005 ***158.75

DOCUMENT # 555648

1. Entity Name
JIMMIE SMITH CONSTRUCTION, INC.

Principal Place of Business | Mailing Address

BLUFF
P.O.BC
LORID

SMIT300* T338571030 1703 11 02/20/04
SMITH
6240 US HIGHWAY 98
LORIDA FL 33857-2701

66403390

MOORE CR2E034 (11/03)

2. Princ
Suite
City &

Lorida, Fl | Lorida, Fl

Zip	Country	Zip	Country
33857	Highlands	33857	Highlands

FEI Number: 59-1800915 ~~AP PLIED FOR~~ ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JIMMIE
5229 BLUFF HAMMOCK RD
LORIDA FL 33857

7. Name and Address of New Registered Agent

Name: Jimmie Smith
Street Address (P.O. Box Number is Not Acceptable): 6240 US Hwy 98
City: Lorida FL Zip Code: 33857

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: Elsie Ann Smith Elsie Ann Smith DATE: 2-2-04
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	SMITH, JIMMIE		NAME	Jimmie Smith	
STREET ADDRESS	BLUFF HAMMOCK RD		STREET ADDRESS	6240 US Hwy 98	
CITY-ST-ZIP	LORIDA FL		CITY-ST-ZIP	Lorida Fl 33857	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	SMITH, ELSIE		NAME	Elsie Smith	
STREET ADDRESS	BLUFF HAMMOCK RD		STREET ADDRESS	6240 US Hwy 98	
CITY-ST-ZIP	LORIDA FL		CITY-ST-ZIP	Lorida, Fl 33857	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Elsie Ann Smith Elsie Ann Smith 2-2-04 865 655-0787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #