

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90049 040 \*\*\*158.75

**DOCUMENT # 555648**

1. Entity Name

JIMMIE SMITH CONSTRUCTION, INC.



Principal Place of Business

BLUFF HAMMOCK ROAD  
6240 US HWY 98  
LORIDA FL 33857  
US

Mailing Address

BLUFF HAMMOCK ROAD  
6240 US HWY 98  
LORIDA FL 33857  
US

2. Principal Place of Business

6240 US Hwy 98

Suite, Apt. #, etc.

No Bluff Hammock Rd

City & State

LORIDA, FL

Zip 33857

Country Highlands

3. Mailing Address

6240 US Hwy 98

Suite, Apt. #, etc.

No Bluff Hammock Rd

City & State

LORIDA, FL

Zip 33857

Country Highlands

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-1800915

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JIMMIE  
6240 US HWY 98  
LORIDA FL 33857

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 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 PD ☐ Delete  
NAME SMITH, JIMMIE  
STREET ADDRESS 6240 US HWY 98  
CITY-ST-ZIP LORIDA FL 33857

TITLE SD ☐ Delete  
NAME SMITH, ELSIE  
STREET ADDRESS 6240 US HWY 98  
CITY-ST-ZIP LORIDA FL 33857

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Elsie Ann Smith* SID Elsie Ann Smith

2-3-06 863 655-0787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #