


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 555867</b> 1. Entity Name <b>PERRY SMITH AND SONS, INC.</b>	
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Principal Place of Business <b>NEW PINE RIDGE RD HWY 70W OKEECHOBEE, FL 34972 US</b>	Mailing Address <b>P O BOX 742 OKEECHOBEE, FL 34973 US</b>
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DO NOT WRITE IN THIS SPACE



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1784779</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMITH, C. PERRY  
HIGHWAY 70 WEST  
P.O.BOX 742  
OKEECHOBEE, FL 33472**

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IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMITH, C. PERRY HIGHWAY 70 WEST BOX 742 OKEECHOBEE FL,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, DALE W. HWY 70 W, P O BOX 742 OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, CAROLYN HIGHWAY 70 WEST BOX 742 OKEECHOBEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/18/05-80052-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Carolyn O. Smith* *Carolyn O. Smith* 3-16-05 (863) 763-2391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Call Time Phone #