

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 555867

1. Entity Name
PERRY SMITH AND SONS, INC.



Principal Place of Business
**NEW PINE RIDGE RD
HWY 70W
OKEECHOBEE, FL 34972 US**

Mailing Address
**P O BOX 742
OKEECHOBEE, FL 34973 US**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1784779** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and file 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**

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

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SMITH, C. PERRY**
STREET ADDRESS **HIGHWAY 70 WEST BOX 742**
CITY - ST - ZIP **OKEECHOBEE FL,**

TITLE **VD**
NAME **SMITH, DALE W.**
STREET ADDRESS **HWY 70 W, P O BOX 742**
CITY - ST - ZIP **OKEECHOBEE, FL**

TITLE **ST**
NAME **SMITH, CAROLYN**
STREET ADDRESS **HIGHWAY 70 WEST BOX 742**
CITY - ST - ZIP **OKEECHOBEE, FL**

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U00000499380
04/24/06-80027-005 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Carolyn O Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-06 863-763-2391
Date Daytime Phone #