

**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**

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

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 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**

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

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 #