


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 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



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1784779	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000320015 04/15/08-80044-019 150.00
---	---	--

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	

DO NOT WRITE 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: *Dale Smith* 4/2/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #