


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # 576645 1. Entity Name H.E. SMITH COMPANY, INC.	
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Principal Place of Business 1895 W. GULF TO LAKE HWY LECANTO, FL 34461 US	Mailing Address 1895 W. GULF TO LAKE HWY LECANTO, FL 34461 US
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02222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1824093	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

BUCHANAN, WILLIAM C 105 S TABITHA PATH INVERNESS, FL 34450
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**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, 2005 Fee will be \$550.00**

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

U000000240170
02/23/05-80013-025 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BUCHANAN, WILLIAM C 1895 W. GULF TO LAKE HWY LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, BARRY L 1895 W. GULF TO LAKE HWY LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUCHANAN, DANNY R 1895 W. GULF TO LAKE HWY LECANTO, FL 34461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William C. Buchanan 2-22-05 352-746-0098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #