

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 576645

1. Entity Name
H.E. SMITH COMPANY, INC.



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



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1824093

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BUCHANAN, WILLIAM C
105 S TABITHA PATH
INVERNESS, FL 34450

**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 reinstalling)

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

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01/11/06-80044-019 150.00

**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: William Buchanan 1-6-06 William Buchanan 1-6-06 352-746-0098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #