


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 638142
 1. Entity Name
STRICKLAND AND SMITH, INC.



Principal Place of Business 749 N. SCENIC HWY. PO BOX 986 FROSTPROOF, FL 33843	Mailing Address PO BOX 986 FROSTPROOF, FL 33843
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04202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1950517	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, NEWELL A
 338 PEABODY CIRCLE
 AVON PARK, FL 33825

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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 registering) 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	DP SMITH, NEWELL A 336 PEABODY CIRCLE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, H EDWARD 319 SUNSET RD FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, VIRGINIA D 318 CARMELA CIR FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, STEPHEN A 2561 S.W. 3 AVENUE OKEECHOBEE, FL 34974
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICKLAND, MARY J 319 SUNSET RD FROSTPROOF, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000528906
 05/05/06-80056-006 150.00

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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: Newell A. Smith, President NEWELL A. SMITH 4/20/06 863 635-4853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #