


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000001609  
 1. Entity Name  
 SMITH'S MECHANICAL, INC.



Principal Place of Business      Mailing Address  
 2501 HAMMOCK ROAD              2501 HAMMOCK ROAD  
 MOBILE, AL 36605                  MOBILE, AL 36605

**DO NOT WRITE IN THIS SPACE**



01042008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 63-0707702      Not Applicable

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

6. Name and Address of Current Registered Agent  
 LIGHTKEP, RICHARD J  
 5031 CHALLENGER WAY  
 PENSACOLA, FL 32507

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	P SMITH, AUDIE R 2481 HAMMOCK ROAD MOBILE, AL 36605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMITH, RICHARD E 9975 BRIARCLIFF DRIVE NORTH MOBILE, AL 36608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, SUE 2481 HAMMOCK ROAD MOBILE, AL 36605
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/08/08-80017-023 150.00

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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: *A. P. Smith*      *Pres.*      1/4/08      251 443-6293  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #