

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005419

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** SMC DRAGLINE SERVICE INC.

**Current Principal Place of Business:**

1285 JOHN LANSDEN ROAD  
NEBO, KY 42441

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1095  
MADISONVILLE, KY 42431

**New Mailing Address:**

**FEI Number:** 75-3219264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CP  
**Name:** MILLER, GENE  
**Address:** 2076 PREWITT PIKE  
**City-St-Zip:** MT STERLING, KY 40353

**Title:** CV  
**Name:** SHADRICK, B J  
**Address:** 1285 JOHN LANSDEN ROAD  
**City-St-Zip:** NEBO, KY 42441

**Title:** DST  
**Name:** SHADRICK, TONI  
**Address:** 1285 JOHN LANSDEN ROAD  
**City-St-Zip:** NEBO, KY 42441

**Title:** D  
**Name:** MILLER, NANCY  
**Address:** 2076 PREWITT PIKE  
**City-St-Zip:** MT STERLING, KY 40353

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** TONI SHADRICK

DST

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date