

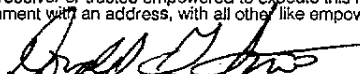


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000002826		
1. Entity Name SMITH INDUSTRIAL SERVICES, INC.		
Principal Place of Business 2001 NORTH BELTLINE HWY MOBILE, AL 36618-1112	Mailing Address 2001 NORTH BELTLINE HWY MOBILE, AL 36618-1112	
DO NOT WRITE IN THIS SPACE		
		 02072004 No Chg-P CR2E034 (10/03)
4. FEI Number 63-0983264		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, CHRIS 2685 EAST NINE MILE RD PENSACOLA, FL 32514		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000056851 02/19/04-80038-013 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, CHRISTOPHER A 16 BABS CT MOBILE, AL 36608	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SMITH, D G 708 E PROVIDENCE ESTATES DR MOBILE, AL 36695	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SMITH-DEES, FRANCES 6910 PROVIDENCE ESTATES CT MOBILE, AL 36695	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		2-12-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #