

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002826

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: SMITH INDUSTRIAL SERVICES, INC.

## Current Principal Place of Business:

2001 NORTH BELTLINE HWY  
MOBILE, AL 366181112

## New Principal Place of Business:

2001 W I-65 SERVICE ROAD NORTH  
MOBILE, AL 366181112

## Current Mailing Address:

2001 NORTH BELTLINE HWY  
MOBILE, AL 366181112

## New Mailing Address:

2001 W I-65 SERVICE ROAD NORTH  
MOBILE, AL 366181112

FEI Number: 63-0983264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, CHRIS  
3301 EAST CHERRY STREET  
PANAMA CITY, FL 32401 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, CHRISTOPHER A  
Address: 16 BABS CT  
City-St-Zip: MOBILE, AL 36608

Title: V ( ) Delete  
Name: SMITH, D G  
Address: 708 E PROVIDENCE ESTATES DR  
City-St-Zip: MOBILE, AL 36695

Title: S ( ) Delete  
Name: SMITH-DEES, FRANCES  
Address: 6910 PROVIDENCE ESTATES CT  
City-St-Zip: MOBILE, AL 36695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LISA HOWELL

ADMI

04/05/2007

Electronic Signature of Signing Officer or Director

Date