2005 FOR PROFIT CORPORATION ANNUAL REPORT

1) make any changes
2) sign, date, & mail w/ $150.00 check

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # G20528

1. Entity Name
SMITH & SONS, INC.

Principal Place of Business	Mailing Address
154 S BEACH ST DAYTONA BEACH, FL 32114 US	2032 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176-1122 US

07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2273132
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ANN M
2032 JOHN ANDERSON DRIVE
ORMOND BEACH, FL 32176

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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 of typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SMITH JR, ALVIN E
STREET ADDRESS	14 ST. JOHNS PLACE
CITY ST ZIP	ORMOND BEACH, FL 32176
TITLE	V
NAME	SMITH, ALVIN E
STREET ADDRESS	2032 JOHN ANDERSON DRIVE
CITY ST ZIP	ORMOND BEACH, FL
TITLE	S
NAME	SMITH, ANN M
STREET ADDRESS	2032 JOHN ANDERSON DRIVE
CITY ST ZIP	ORMOND BCH, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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07/15/05-80006-019 150.00

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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: x _____ 7-12-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date