

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90028 027 ***150.00

DOCUMENT # G78506

1. Entity Name

B.L. SMITH ELECTRIC, INC.



Principal Place of Business

**29716 US HWY 27
LAKE HAMILTON FL 33851
US**

Mailing Address

**29716 US HWY 27
DUNDEE FL 33838-4300
US**



2. Principal Place of Business

3. Mailing Address

29716 US Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Dundee, FL

4. FEI Number

59-2363768

Applied For

Not Applicable

Zip

Country

Zip

33838-4264

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH BILLY L.
1134 INTERLOCKEN BLVD
WINTER HAVEN FL 33884**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, BILLY L.	
STREET ADDRESS	1134 INTERLOCKEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	BROCKLESBY, CURT	
STREET ADDRESS	189 LAGOON RD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEEK, CAROLYN	
STREET ADDRESS	92 PINE FOREST LANE	
CITY-ST-ZIP	HAINES CITY FL 33844	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Billy L Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-05

863 439-7401

Date

Daytime Phone #