

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42609

FILED
Jan 11, 2006
Secretary of State

Entity Name: SMITH DRAFTING & SURVEYING, INC.

Current Principal Place of Business:

311 E RICH AVE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

PO BOX 4518
DELAND, FL 32721

New Mailing Address:

FEI Number: 59-2494737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, STANLEY E.
PO BOX 4518
DELAND, FL 32721 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: PVT () Delete
Name: SMITH, STANLEY E.,
Address: 755 OLD TREELINE TRAIL
City-St-Zip: DELAND, FL 32724

Title: S () Delete
Name: SMITH, SANDRA J.,
Address: 755 OLD TREELINE TRAIL
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: SMITH, STANLEY E.,
Address: 625 GREENS DAIRY ROAD
City-St-Zip: DELAND, FL 32720

Title: S (X) Change () Addition
Name: SMITH, SANDRA J.,
Address: 625 GREENS DAIRY ROAD
City-St-Zip: DELAND, FL 32720

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: STANLEY E. SMITH

PVT

01/11/2006

Electronic Signature of Signing Officer or Director

Date