

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H69706

1. Entity Name
SMI TOOL & DIE, INC.



Principal Place of Business
% ELLEN ELLERY
305 CLEARLAKE ROAD
COCOA, FL 32922

Mailing Address
% ELLEN ELLERY
305 CLEARLAKE ROAD
COCOA, FL 32922



02062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2600167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELLERY, ELLEN
305 CLEARLAKE ROAD
COCOA, FL 32922

**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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000428423
02/21/06-80047-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ELLERY, ELLEN
STREET ADDRESS	305 CLEARLAKE ROAD
CITY-ST-ZIP	COCOA, FL
TITLE	DV
NAME	ELLERY, ARTHUR JOHN
STREET ADDRESS	305 CLEARLAKE RD
CITY-ST-ZIP	COCOA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Ellen M. Ellery Ellen M. Ellery

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-06-06 321-632-6200

Date

Daytime Phone #