

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90027 008 ***150.00

DOCUMENT # J20428

1. Entity Name
C. R. SMITH & SON, INC.



Principal Place of Business

3071 HWY 98 WEST
PORT ST. JOE, FL 32456 US

Mailing Address

3055 HY 98 WEST
PORT ST JOE, FL 32456 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02042004

4. FEI Number

59-2714113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, THOMAS S.
206 E 4TH STREET
PORT ST. JOE, FL 32456

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME SMITH, CHARLES R.
STREET ADDRESS 1318 MARVIN AVE
CITY-ST-ZIP PORT ST. JOE, FL

TITLE DP ☒ Delete
NAME SMITH, LOIS
STREET ADDRESS 1318 MARVIN AVE
CITY-ST-ZIP PORT ST. JOE, FL

TITLE DP ☐ Delete
NAME SMITH, DONNIE L.
STREET ADDRESS RT 2 BOX A1C
CITY-ST-ZIP PORT ST. JOE, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T/D ☒ Change ☐ Addition
NAME Smith, Charles R.
STREET ADDRESS 1318 Marvin Ave.
CITY-ST-ZIP Port St. Joe, FL 32456

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D ☒ Change ☐ Addition
NAME Smith, Donnie L.
STREET ADDRESS 391 Bayberry Dr.
CITY-ST-ZIP Wewahitchka, FL 32465

TITLE P/D ☐ Change ☒ Addition
NAME Deborah R. Goddin
STREET ADDRESS 286 Brian Setterich Rd
CITY-ST-ZIP Wewahitchka, FL 32465

TITLE VP/D ☐ Change ☒ Addition
NAME Roy Goddin
STREET ADDRESS 286 Brian Setterich Rd
CITY-ST-ZIP Wewahitchka, FL 32465

TITLE ☐ Change ☐ 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:

Deborah R. Goddin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/04

850-229-6018
Date Daytime Phone #