

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90081 015 ***158.75

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 1730 Trout Avenue Suite, Apt. #, etc.		3. Mailing Address 1730 Trout Avenue Suite, Apt. #, etc.	
City & State Port St Joe, FL Zip 32456 Country		City & State Port St Joe, FL Zip 32456 Country	
4. FEI Number 59-2714113		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01042005 Chg-P CR2E034 (10/03)	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, CHARLES R. 1318 MARVIN AVE PORT SAINT JOE, FL 32456 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, DONNIE L. RT 2 BOX A1C WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 391 Bayberry Drive Wewahitchka, FL 32465
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODDIN, DEBORAH R. 286 BRIAN SETTERICH RD. WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 608 17th Street Port St. Joe, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GODDIN, ROY 286 BRIAN SETTERICH RD WEWAHITCHKA, FL 32465 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 608 17th Street Port St Joe, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>D. Renee Goddin</i> D. Renee Goddin		Date 850-229-6018 Daytime Phone #	