


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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

01-21-2005 90081 015 \*\*\*158.75

<b>DOCUMENT # J20428</b>			
1. Entity Name <b>C. R. SMITH &amp; SON, INC.</b>			
Principal Place of Business <b>3071 HWY 98 WEST PORT ST. JOE, FL 32456 US</b>		Mailing Address <b>3055 HY 98 WEST PORT ST JOE, FL 32456 US</b>	
2. Principal Place of Business <b>1730 Trout Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1730 Trout Avenue</b> Suite, Apt. #, etc.	
City & State <b>Port St Joe, FL</b>		City & State <b>Port St Joe, FL</b>	
Zip <b>32456</b>		Country	
Zip <b>32456</b>		Country	
4. FEI Number <b>59-2714113</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01042005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>GIBSON, THOMAS S. 206 E 4TH STREET PORT ST. JOE, FL 32456</b>		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 _____ <small>Signature, typed or printed name of registered agent and Date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 <b>391 Bayberry Drive Wewahitchka, FL 32465</b>
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 <b>608 17th Street Port St. Joe, FL 32456</b>
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 <b>608 17th Street Port St Joe, FL 32456</b>
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> <b>D. Renee Goddin</b> President		Date: <b>850-229-6018</b> Daytime Phone #	