

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90020 046 \*\*\*158.75

**DOCUMENT # J20428**

1. Entity Name

C. R. SMITH & SON, INC.



Principal Place of Business

1730 TROUT AVE  
PORT ST. JOE FL 32456  
US

Mailing Address

1730 TROUT AVE  
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

4. FEI Number

59-2714113

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GIBSON, THOMAS S.

~~200 E 4TH STREET~~

PORT ST. JOE FL 32456

116 Sailor's Cove Dr.  
Port St. Joe, FL  
32456

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, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: TD  
NAME: SMITH, CHARLES R.  
STREET ADDRESS: 1318 MARVIN AVE  
CITY-ST-ZIP: PORT SAINT JOE FL 32456 ☐ Delete

TITLE: SD  
NAME: SMITH, DONNIE L.  
STREET ADDRESS: 391 BAYBERRY DRIVE  
CITY-ST-ZIP: WEWAHITCHKA FL 32465 ☐ Delete

TITLE: PD  
NAME: GODDIN, DEBORAH R  
STREET ADDRESS: 608 17TH STREET  
CITY-ST-ZIP: PORT SAINT JOE FL 32456 ☐ Delete

TITLE: VPD  
NAME: GODDIN, ROY  
STREET ADDRESS: 608 17TH STREET  
CITY-ST-ZIP: PORT SAINT JOE FL 32456 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE: ☒ Change ☐ Addition  
NAME: 286 Bryan Setterich Rd  
STREET ADDRESS: Wewahitchka, FL 32465  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☒ Change ☐ Addition  
NAME: 272 Bryan Setterich Rd  
STREET ADDRESS: Wewahitchka, FL 32465  
CITY-ST-ZIP: ☐ Change ☐ Addition

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/06

850-229-6018

Date

Daytime Phone #