

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90010 022 \*\*\*158.75

**DOCUMENT # K38002**

1. Entity Name

**SMITH CONSTRUCTION COMPANY OF MARION, LEVY  
AND ALACHUA COUNTIES, INC.**



Principal Place of Business

**106 NORTHEAST 6TH AVENUE  
WILLISTON FL 32696**

Mailing Address

**106 NORTHEAST 6TH AVENUE  
WILLISTON FL 32696**

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

**59-2950648**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, CEDRICK M., JR.  
106 NORTHEAST 6TH AVENUE  
WILLISTON FL 32696**

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 \$550.00**

**DUE BY September 8, 2004**

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

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **BANKS, JENNIE**  
STREET ADDRESS **570 NE 151<sup>ST</sup> TERR**  
CITY-ST-ZIP **WILLISTON FL**

TITLE **D** ☐ Delete  
NAME **KEMP, WILLIAM**  
STREET ADDRESS **3714 SE 80<sup>ST</sup>**  
CITY-ST-ZIP **OCALA FL**

TITLE **P** ☐ Delete  
NAME **SMITH, CEDRICK M JR,**  
STREET ADDRESS **106 NO 6TH AVE**  
CITY-ST-ZIP **WILLISTON FL 32696**

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 ☒ Change ☐ Addition  
NAME **Catherine Whitcomb**  
STREET ADDRESS **569 NE 1<sup>ST</sup> St.**  
CITY-ST-ZIP **Williston, FL**

TITLE **VP** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **106 NE 6<sup>th</sup> Ave**  
CITY-ST-ZIP

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

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

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:**

*C. M. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/2/04**

Date

**352-528-4438**

Daytime Phone #