


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SMITH, CEDRICK M., JR. 106 NORTHEAST 6TH AVENUE WILLISTON, FL 32696	

FILED

2006 SEP 18 AM 11:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



09112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-2950648	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

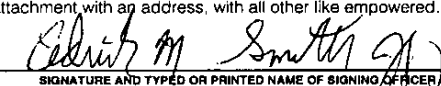
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITCOMB, CATHERINE	NAME	
STREET ADDRESS	569 NE 1ST ST	STREET ADDRESS	
CITY - ST - ZIP	WILLISTON, FL	CITY - ST - ZIP	
TITLE	V	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, WILLIAM	NAME	
STREET ADDRESS	3714 SE 80 ST	STREET ADDRESS	
CITY - ST - ZIP	OCALA, FL	CITY - ST - ZIP	
TITLE	P	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CEDRICK M JR,	NAME	
STREET ADDRESS	106 NE 6TH AVE	STREET ADDRESS	
CITY - ST - ZIP	WILLISTON, FL 32696	CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.

SIGNATURE:  **9/14/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #