

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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 - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

*5/1/08
Florida
Dept. of
State*

FILED
Mar 14 2008 08:00 AM
Secretary of State

3/12/08



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

7. Name and Address of New Registered Agent

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

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 reappointing)

DATE

3/13/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHITCOMB, CATHERINE**
CITY-ST-ZIP **18225 NW 160TH AVENUE
WILLISTON FL 32696**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U00000858151**
CITY-ST-ZIP **04/01/08-80034-014 150.00**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KEMP, WILLIAM**
CITY-ST-ZIP **3714 SE 80 ST
OCALA FL**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SMITH, CEDRICK M JR,**
CITY-ST-ZIP **106 NE 6TH AVE
WILLISTON FL 32696**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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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 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 all other like empowered.

SIGNATURE:

Cedrick M. Smith Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

Date

Daytime Phone #