

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56319

FILED
Mar 16, 2009
Secretary of State

Entity Name: SMITH BUILDING SPECIALTIES, INC.

Current Principal Place of Business:

1503 W 27TH ST
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

SMITH BUILDING SPECIALTIES, INC.
1503 W. 27TH STREET
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3029261 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, NORMAN A., JR.
1118 MISSOURI AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SMITH, NORMAN A., JR., .
Address: 1118 MISSOURI AVE.
City-St-Zip: LYNN HAVEN, FL

Title: ST () Delete
Name: SMITH, JOYCE,
Address: 1118 MISSOURI AVE.
City-St-Zip: LYNN HAVEN, FL

Title: VP () Delete
Name: SMITH, NORMAN A III
Address: 1003 EAST 8TH STREET
City-St-Zip: LYNN HAVEN, FL

Title: T () Delete
Name: CAIN, JEFFREY
Address: 919 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SMITH, NORMAN A., JR., .
Address: 1118 MISSOURI AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: ST (X) Change () Addition
Name: SMITH, JOYCE,
Address: 1118 MISSOURI AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: VP (X) Change () Addition
Name: SMITH, NORMAN A III
Address: 913 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: T (X) Change () Addition
Name: CAIN, JEFFREY
Address: 919 MISSISSIPPI AVE.
City-St-Zip: LYNN HAVEN, FL 32444 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY CAIN

_____ Electronic Signature of Signing Officer or Director

T

03/16/2009

_____ Date