

# 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