

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K56319

FILED  
Jan 06, 2011  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY CAIN

T

01/06/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date