

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 046 ***558.75

DOCUMENT # K90316



1. Entity Name

O.R. "DICKY" SMITH & CO., INC.

Principal Place of Business

12740 ATLANTIC BLVD.
 STE. 7
 JACKSONVILLE FL 32225
 US

Mailing Address

12740 ATLANTIC BLVD.
 STE. 7
 JACKSONVILLE FL 32225
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-2952157

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, O.R.
 12740 ATLANTIC BLVD.
 STE. 7
 JACKSONVILLE FL 32225

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 coexisting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD Delete
 NAME SMITH, O.R. "DICKY"
 STREET ADDRESS 12740 ATLANTIC BLVD. STE. 7
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE EPD Delete
 NAME SMITH, JOAN A.
 STREET ADDRESS 12740 ATLANTIC BLVD. 7
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SMITH III, ORVILLE R
 STREET ADDRESS 12740-7 ATLANTIC BLVD
 CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE Change Addition
 NAME *Secretary / Treasurer*
 STREET ADDRESS *Smith III, Orville R.*
 CITY-ST-ZIP *12740-7 Atlantic Blvd Jacksonville, FL 32225*

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/06

Date

904-220-7600

Daytime Phone #