


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000069810</b> 1. Entity Name JOHN F. SMOAK & SONS, INC.	
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Principal Place of Business 1025 CR 17 N LAKE PLACID, FL 33852	Mailing Address 1025 CR 17 N LAKE PLACID, FL 33852
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01162006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1027821	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SMOAK, MASON G 1025 CR 17 N LAKE PLACID, FL 33852
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U000000410564  
02/09/06 00041 020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SMOAK, MASON G 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SMOAK, PHILIP L 1025 COUNTY RD 17 N LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SMOAK, JOHN F III 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SMOAK, EDWARD L JR 1025 COUNTY RD 17 N LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AVPD SMOAK, SAMANTHA L 6995 ST 66 ZOLFO SPRINGS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS EURES, LEIGH S 1025 COUNTY ROAD 17 NORTH LAKE PLACID, FL 33852

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #