

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000020314

1. Entity Name

**SMITH'S HOMESIDING, IMPROVEMENTS &
CONSTRUCTION CO.**



Principal Place of Business

**9605 NW 81 STREET
TAMARAC, FL 33321**

Mailing Address

**9605 NW 81 STREET
TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1080934

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 CORAL WAY, 4TH FLOOR
MIAMI, FL 33146**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PSD
NAME SMITH, CHRISTOPHER A
STREET ADDRESS 9605 NW 81 STREET
CITY-ST-ZIP TAMARAC, FL 33321**

**TITLE VTD
NAME SMITH, O.J.
STREET ADDRESS 9605 NW 81 STREET
CITY-ST-ZIP TAMARAC, FL 33321**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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05/03/06-80008-009 150.00

**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 it 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

Christopher A. Smith **Christopher Smith** 3/25/06 954-205-5944

Daytime Phone #