

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000043921

FILED
Apr 27, 2006
Secretary of State

Entity Name: KALO SMITH CONSTRUCTION, INC.

Current Principal Place of Business:

16 WASHINGTON ST., LOT #4
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

PO BOX 1095
EASTPOINT, FL 33328

New Mailing Address:

PO BOX 1095
EASTPOINT, FL 32328

FEI Number: 75-3046902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JOSEPH K
16 WASHINGTON ST., LOT #4
EASTPOINT, FL 32328 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, JOSEPH K
Address: 16 WASHINGTON ST., LOT #4
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: MILLENDER, ANNETTE
Address: 706 W 7TH ST
City-St-Zip: CARRABELLE, FL 32322

Title: D () Delete
Name: GLASS, LUTHER
Address: 102 DUNLAP RD
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: MILLENDER, JONATHAN
Address: 16 WASHINGTON LOT #2
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH KALO SMITH

DP

04/27/2006

Electronic Signature of Signing Officer or Director

Date