

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000052377

1. Entity Name
SMITH CONSTRUCTION, INC.



Principal Place of Business
2400 SOUTH FEDERAL HIGHWAY
SUITE 230
STUART, FL 34994

Mailing Address
2400 SOUTH FEDERAL HIGHWAY
SUITE 230
STUART, FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

City & State

City & State

Zip

Country

Zip

Country

03152004

Chg-P

CR2E034 (10/03)

4. FEI Number

04-3670357

5. Certificate of Status

04/06/04--01024--021

6. Name and Address of Current Registered Agent

SMITH, STEPHEN W
2400 SOUTH FEDERAL HIGHWAY
SUITE 230
STUART, FL 34994

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 210

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, STEPHEN W
STREET ADDRESS 2400 SOUTH FEDERAL HIGHWAY #230
CITY-ST-ZIP STUART, FL 34994 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
change suite only to 210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300031862903
04/06/04--01024--021 **200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

03-16-04

Date

772 223 0037

Daytime Phone #

FILED
04 MAR 22 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

