## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000019883

4011 JOY RD

AVP

COCOA, FL 32927

SMITH, RYAN G

COCOA, FL 32927

6003 HOMESTEAD AVE

(X) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Oct 12, 2007 Secretary of State

Entity Name: D. SMITH BUILDING & REMODELING, CO. **Current Principal Place of Business: New Principal Place of Business:** 6003 HOMESTEAD AVE COCOA, FL 32927 **Current Mailing Address: New Mailing Address:** 6003 HOMESTEAD AVE COCOA, FL 32927 FEI Number: 20-1030621 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, DONALD G 6003 HOMESTEAD AVE COCOA, FL 32927 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCFO () Delete Title: PCFO. (X) Change ( ) Addition SMITH, DONALD G Name: Name: SMITH, JOAN D 6003 HOMESTEAD AVE 6003 HOMESTEAD AVE Address: Address: City-St-Zip: COCOA, FL 32927 City-St-Zip: COCOA, FL 32927 Title: SD Title: () Delete (X) Change ( ) Addition Name: SMITH, JOAN D Name: SMITH, DONALD G 6003 HOMESTEAD AVE 6003 HOMESTEAD AVE Address: Address: COCOA, FL 32927 COCOA, FL 32927 City-St-Zip: City-St-Zip: Title: VΡ ( ) Delete Title: VΡ (X) Change ( ) Addition SMITH, TOD H SMITH, TOD H Name: Name:

 Title:
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 (X) Delete
 Title:
 ( ) Change ( ) Addition

 Name:
 SALVAGNI, SCOTT
 Name:

 Address:
 931 TOPE ST
 Address:

 City-St-Zip:
 COCOA, FL 32927
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

103 SUNSET DR

TITUSVILLE, FL 32780

() Change () Addition

SIGNATURE: DONALD G. SMITH T 10/12/2007