

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # P03000056774</b>   |  |
| 1. Entity Name<br>T. SMITH CONSULTING ENGINEERS, INC.  |  |
| Principal Place of Business<br>11250 OLD ST AUGUSTINE RD STE 15/PMB321<br>JACKSONVILLE, FL 32257 | Mailing Address<br>11250 OLD ST AUGUSTINE RD STE 15/PMB321<br>JACKSONVILLE, FL 32257 |



**DO NOT WRITE IN THIS SPACE**

01082006 No Chg-P CR2E034 (11/05)

4. FEI Number  
30-0184159

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

Applied For  
Not Applicable

**6. Name and Address of Current Registered Agent**

SMITH, TERRILL V  
3922 CEDAR COVE LN  
JACKSONVILLE, FL 32257

**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

UN00000384478  
01/17/06-80012-016 158.75

**10. OFFICERS AND DIRECTORS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PTSD<br>SMITH, TERRILL V<br>3922 CEDAR COVE LANE.<br>JACKSONVILLE, FL 32257 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Terrill V. Smith* **TERRILL V. SMITH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01/08/06*  
Date

*904.338.0373*  
Daytime Phone #