

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000087594

**FILED**  
**Jun 10, 2005**  
**Secretary of State**

**Entity Name:** IVORY SMITH CONSTRUCTION, INC.

**Current Principal Place of Business:**

800 ILLINOIS AVENUE  
ST. CLOUD, FL 34769

**New Principal Place of Business:**

**Current Mailing Address:**

800 ILLINOIS AVENUE  
ST. CLOUD, FL 34769

**New Mailing Address:**

**FEI Number:** 20-0141827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, IVORY W  
800 ILLINOIS AVENUE  
ST. CLOUD, FL 34769 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, IVORY W  
Address: 800 ILLINOIS AVENUE  
City-St-Zip: ST. CLOUD, FL 34769

Title: V ( ) Delete  
Name: MURRAY, DAVID  
Address: 250 MISSISSIPPI AVE  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: TRE ( ) Change (X) Addition  
Name: SPICER, BARRY E  
Address: 715 ILLINOIS AVE.  
City-St-Zip: ST.CLOUD, FL 34769 OS

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** BARRY SPICER

TRE

06/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date