

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120227

1. Entity Name
CLYDE E SMITH CONSTRUCTION, INC.



Principal Place of Business
12187 LAKELAND ACRES RD
LAKELAND, FL 33810

Mailing Address
12187 LAKELAND ACRES RD
LAKELAND, FL 33810

FILED
Jan 20, 2006 08:00 AM
Secretary of State



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0361413

Applied For
Not Applied

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

SMITH, CLYDE E
12187 LAKELAND ACRES RD
LAKELAND, FL 33810

**DO NOT WRITE
IN THIS SPACE**

9. 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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P,D
SMITH, CLYDE E
12187 LAKELAND ACRES RD
LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S,T,
SMITH, SHIRLEY
12187 LAKELAND ACRES RD
LAKELAND, FL 33810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000392733
01/24/06-80091-026 158.75

**DO NOT WRITE
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: Clyde E Smith Clyde E Smith

1-15-06

813-858923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #