

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

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
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0361413	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
 SMITH, CLYDE E
 12187 LAKELAND ACRES RD
 LAKELAND, FL 33810

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: *Clyde E Smith* 1-15-07
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, 2007 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
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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 if changed, or on an attachment with an address, with all other i/jke empowered.

SIGNATURE: *Clyde E Smith* 1-15-07 813-858-9236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #