## **2006 FOR PROFIT CORPORATION**

## Apr 28, 2006 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P03000123638** 1. Entity Name JOSHUA SMITH ENTERPRISES, INC Mailing Address Principal Place of Business P 0 BOX 760 6618 STATE HWY 2 EAST WESTVILLE, FL 32464 US GENEVA, AL 32464 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0412218 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ELLENBURG, LISA 1136 ENGLISH LANE WESTVILLE, FL 32464 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, typed or printed name of registered agent and title it applicable. OAIF (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TIELE SMITH, JOSHUA NAME 6618 STATE HWY 2 EAST STREET ADDRESS WESTVILLE, FL 32464 CITY-\$T-ZIP U00000542634 05/10/06-80105-015 150.00 S/T TITLE SMITH, RITA NAME STREET ADDRESS 6618 STATE HWY 2 EAST WESTVILLE, FL 32464 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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 attractment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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