

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90071 022 \*\*\*150.00

DOCUMENT # P03000129522

1. Entity Name

SMITH & SONS BUILDERS, INC.



Principal Place of Business

3050 LAUREL DR  
GULF BREEZE FL 32563

Mailing Address

PO BOX 841  
GULF BREEZE FL 32562

2. Principal Place of Business

3066 Laurel Dr.

3. Mailing Address

P.O. Box 841

Suite, Apt. #, etc.

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

Gulf Breeze, FL

City & State

Gulf Breeze, FL

4. FEI Number

51-0488629

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, DAVID L  
3050 LAUREL DR  
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent

Name: David L. Smith  
Street Address (P.O. Box Number is Not Acceptable)

3066 Laurel Dr.  
Gulf Breeze FL 32563

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: David L. Smith David L. Smith

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
NAME: SMITH, DAVID L  
STREET ADDRESS: 3050 LAUREL DR  
CITY-ST-ZIP: GULF BREEZE FL 32563

TITLE: S ☐ Delete  
NAME: SMITH, PATRIC J  
STREET ADDRESS: 4222 WILLIAM DR  
CITY-ST-ZIP: GULF BREEZE FL 32563

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
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STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify 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 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 like empowered.

SIGNATURE: David L. Smith David L. Smith - 1/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-733-4591