


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90021 001 ***155.00

DOCUMENT # P03000139335

1. Entity Name
SMITH'S RENOVATIONS, INC.



Principal Place of Business Mailing Address

37 SANTANA ROAD **37 SANTANA ROAD**
SANTA ROSA BEACH FL 32459 **SANTA ROSA BEACH FL 32459**
US **US**



2. Principal Place of Business 3. Mailing Address

37 SANTANA RD. **37 SANTANA RD.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State 4. FEI Number Applied For
SANTA ROSA Bch. FL. **SANTA ROSA Bch FL** **20-0457466** Not Applicable

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

32459 **Walton Co.** **32459** **Walton Co.**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

SMITH, CHARLES R Name **CHARLES RICHARD SMITH**
37 SANTANA ROAD Street Address (P.O. Box Number is Not Acceptable) **37 SANTANA RD.**
SANTA ROSA BEACH, FL 32459

City State Zip Code
SANTAROSA Beach **FL** **32459**

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 **Charles R. Smith** DATE **1/25/06**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS \$150.00.
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, CHARLES R 37 SANTANA ROAD SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, CHARLES R 37 SANTANA ROAD SANTA ROSA BEACH FL 32459 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE: **Charles R. Smith** **Charles R Smith** DATE **1/25/06** (850) **622-9591**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #