

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90009 049 ***158.75

DOCUMENT # P03000139335

1. Entity Name
SMITH'S RENOVATIONS, INC.



Principal Place of Business
**37 SANTANA ROAD
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**37 SANTANA ROAD
SANTA ROSA BEACH, FL 32459 US**

40008776

2. Principal Place of Business - No P.O. Box #
37 SANTANA ROAD.

3. Mailing Address
37 SANTANA RD.

Suite, Apt. #, etc.
B1

City & State
SANTA ROSA BEACH FL.

City & State
SANTA ROSA BEACH FL.

Zip
32459

Country
AMERICA

Zip
32459

Country
AMERICA

01252007 Chg-P CR2E034 (12/06)

4. FEI Number **20-0457466** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent
**SMITH, CHARLES R
37 SANTANA ROAD
SANTA ROSA BEACH, FL 32459**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 RICHARD SMITH** 1/26/07
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	P	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES R	
STREET ADDRESS	37 SANTANA ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	S	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES R	
STREET ADDRESS	37 SANTANA ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, CHARLES R	
STREET ADDRESS	37 SANTANA ROAD	
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 like empowered.

SIGNATURE: **Charles R. Smith** 1/26/07 (850) 685-7988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #