


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90032 024 ***150.00

DOCUMENT # P03000139445 1. Entity Name MICHAEL SMITH CONSTRUCTION, INC.	
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Principal Place of Business 1711/2 GARY AVE OAKHILL, FL 32759	Mailing Address 1711/2 GARY AVE OAKHILL, FL 32759
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DO NOT WRITE IN THIS SPACE



05272005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2419124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, MICHAEL R
1711/2 GARY AVE
OAKHILL, FL 32759**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, MICHAEL R 1711/2 GARY AVE OAKHILL, FL 32759
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUME, SUZANNE M 1711/2 GARY AVE OAKHILL, FL 32759
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Michael R. Smith Michael R. Smith 9/9/05 (386) 346-4904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone