2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 17, 2006 08:00 AM Secretary of State DOCUMENT # P03000156976 1. Entity Name JERROULD W. SMITH III GENERAL CONTRACTOR. INC. Principal Place of Business Mailing Address 3820 RAVENWOOD PLACE 3820 RAVENWOOD PLACE SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 20-1476853 Not Applicat Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JERROULD Street Address (P.O. Box Number is Not Acceptable) 3820 RAVENWOOD PLACE SARASOTA FL 34243 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 access the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 0 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change - 🔲 Addilio NAME SMITH III, JERROULD W NAME STREET ADDRESS 3820 RAVENWOOD PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Air air NAME SMITH, KRISTINA A U00000565003 NAME 05/20/06-80101-013 150.00 STREET ADDRESS 3820 RAVENWOOD PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY - ST - ZIP Delete . Change Addi:: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTALE Delete Addis. TATLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addis. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete TITLE ☐ Change ☐ Address NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 in address, with all other like empowered.

SIGNATURE:

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**FILED**