

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-26-2006 90017 018 ***150.00

66015000



1st MOORE CR2E034 (10/05)

DOCUMENT # P04000015020 1. Entity Name SMITH EQUIPMENT SERVICES, INC.					
Principal Place of Business 2405 WEST OSCEOLA ROAD GENEVA FL 32732			Mailing Address PO BOX 506 GENEVA FL 32732		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-0614493 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, TERRY R SR. 2405 WEST OSCEOLA ROAD GENEVA FL 32732	
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 <i>Terry R Smith SR</i> <i>Terry R Smith SR</i> <i>5-22-06</i> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when terminating.) DATE</small>	
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 Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P <input type="checkbox"/> Delete NAME SMITH, TERRY R SR. STREET ADDRESS 2405 WEST OSCEOLA ROAD CITY-ST-ZIP GENEVA FL 32732			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VP <input type="checkbox"/> Delete NAME SMITH, CHRISTINE STREET ADDRESS 2405 WEST OSCEOLA ROAD CITY-ST-ZIP GENEVA FL 32732			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete 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"/> Delete 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"/> Delete 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 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: <i>Terry R Smith SR</i> <i>Terry R Smith</i> <i>June 14-06</i> <i>407-3495246</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					