

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # E04000024827	
1. Entity Name SMILEY GRADING, INC.	

Principal Place of Business 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043	Mailing Address 22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 20-0731804		☐ Applied For ☐ Not Applied	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAYE, L B JR NORTH FLORIDA MANAGEMENT SYSTEMS, INC. 795-C BLANDING BLVD ORANGE PARK FL 32065		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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Delete		TITLE	NAME	☐ Change ☐ Add	
STREET ADDRESS	CB SMILEY, TERRELL L			STREET ADDRESS			
CITY-ST-ZIP	22225 TREASURE POINT RD GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP	U00000479800 04/10/06-80018-025 150.00		
TITLE	D SMILEY, SUSAN C	☐ Delete		TITLE		☐ Change ☐ Add	
STREET ADDRESS	22225 TREASURE POINT RD			STREET ADDRESS			
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Add	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Terrell L Smiley* **3-22-06** **904 759-6454**