


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90282 001 \*\*\*150.00  
 05-02-2006 90282 002 \*\*\*\*\*8.75

DOCUMENT # P04000080285  
 1. Entity Name  
 SMITH AND SON'S REMODELING INC.



Principal Place of Business Mailing Address  
 1002 TAYLOR LANE 1002 TAYLOR LANE  
 LEHIGH ACRES, FL 33936 LEHIGH ACRES, FL 33936

2. Principal Place of Business 3. Mailing Address  
 1016 Maple N. 1016 Maple N.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Lehigh Acres FL Lehigh Acres

City & State City & State  
 Lehigh Acres FL Lehigh Acres FL  
 Zip 33972 Country Lee Zip 33972 Country Lee

04192006 Chg-P CR2E034 (11/05)  
 4. FEI Number Applied For  
 20-1158305 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TARR, JAMES D  
 1002 TAYLOR LANE  
 LEHIGH ACRES, FL 33936

7. Name and Address of New Registered Agent  
 Name TARR, James D  
 Street Address (P.O. Box Number is Not Acceptable)  
 1016 Maple N  
 City Lehigh Acres FL Zip Code 33972

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 James D. Tarr President. DATE 4-28-06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TARR, JAMES D 1002 TAYLOR LANE LEHIGH ACRES, FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SMITH, ROBERT B 5174 PORTER POND ROAD CHIPLEY, FL 32428 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President TARR, James D. 3803 Lee Blvd. Lehigh Acres FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: James D. Tarr James D. Tarr President 4-28-06 (239) 462-6231  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #