

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # P04000082169**

1. Entity Name  
**RONNIE SMITH LANDSCAPING AND CONCRETE  
SERVICE INC.**



Principal Place of Business

**525 DOCTORS DR.  
OVIEDO, FL 32765**

Mailing Address

**525 DOCTORS DR.  
OVIEDO, FL 32765**



05112006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1226543**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, RONNIE  
525 DOCTORS DR.  
OVIEDO, FL 32765**

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

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, RONNIE 525 DOCTORS DR. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, RONNIE C JR 525 DOCTORS DR. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, JACQU'LINE V 525 DOCTORS DR. OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000564101  
05/20/06-80045-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/8/06**  
Date

Daytime Phone #