2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: 🔬

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 25, 2006 8:00 am Secretary of State

- 1/20/06 (850)554-565/ Date Dayline Prove #

DOCUMENT # P05000058083 1. Entity Name SMITH & ASSOCIATES SPECIALTY CONTRACTORS, INC.								07-25-2006	90029 03	4 ***550	0.00
Principal Place of Business 6512 YELLOW HILL DR MILTON, FL 32583				Mailing Address 6512 YELLOW HILL DR MILTON, FL 32583							
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04172006	Chg-P	CR2E03	4 (11/05)	
City & State				City & State			4. FEI Numb 20-2	er 717852		<u>-</u>	plied For I Applicable
Zip	Country			Zip	Coun	try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Regis	tered Agent		7. Name and Address of New Registered Agent					
CMITH IN	WID			Name							
SMITH, DAVID 6512 YELLOW HILL DR MILTON, FL 32583						Street Address (P.O. Box Number is Not Acceptable)					
						City				Zip Code	9
						<u> </u>			FL	<u>L</u>	
	named entitions of regist	y submits this statement tered agent.	for the s	ourpose of changing its	register	ed office or regist	lered agent, or bo	oth, in the State of Flo	xida. I am (a	miliar with,	and accept
	_	-									
SIGNATURE.	Signature, lyped	or printed name of registered age	nl and title	d applicable. (NOT	E. Registere	d Agent signature requir	red when reinstating)		DATE		
								1			•••
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign File Trust Fund Contribution							5.00 May Be dded to Fees				
10.		OFFICERS ANI	D DIREC	CTORS	11,		ADDITIONS	/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TIFEE	PST			Delete	TITLE	I				Cluange	☐ Addition
HAME STREET AUDRESS	SMITH, D 6512 YEL	LOW HILL DR			NAM	E ADURESS					
CITY-ST-ZIP		FL 32583				·SI-ZIP					
TITLE	v			X) Delete	TITLE					Change	Addition
NAME	SLEVIN, I	DUSTIN		225 00000	NAM	I					
STREET ADDRESS						ET AUURESS					
CITY-ST-ZIP	·	FL 32583			CITY	-S1-ZiP			_		
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NAME STREET ADDRESS	1	LOW HILL DR			NAM STRE	EI ADORESS					
CITY-ST-ZIP	1	FL 32583				-ST-ZIP					
THLE	·			☐ Delete	11111	<u> </u>				Change	Addition
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STREET ADDRESS						ET AUORESS					
CITY-51-ZIP					_ -	-SI-ZIP			···		
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STREET AUDRESS					NAM Stre	ET ADURESS					
CITY-ST-ZIP						-S1-ZIP					
TITLE			····	☐ Detets	1111					Change	☐ Addition
NAME					NAM	E				-	
STREET ADDRESS						E1 ADORESS					
CITY-S1-ZIP	<u> </u>					-ST-ZIP					
12. I hereby of indicated of the cor	certify that the on this report poration or the	e information supplied wi rt or supplemental report he receiver or frustee em	ith this f is true a powere	iling does not qualify to and accurate and that r d to execute this report	or the exi ny signa ns requi	emptions contain ture shall have the red by Chapter 0	ed in Chapter 11 e same legal elle 07, Florida Statut	 Florida Statutes, f ot as if made under d es; and that my name 	further certif oath; that I ar o appears in	y that the in n an officer Block 10 o	nformation or director r Block 11 if