

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092258

Entity Name: MCNIEL & SMITH, INC.

FILED
Apr 17, 2006
Secretary of State

Current Principal Place of Business:

1234 SHORECREST CIRCLE
CLERMONT, FL 34711

New Principal Place of Business:

P.O. BOX 560501
MONTVERDE, FL 34756

Current Mailing Address:

1234 SHORECREST CIRCLE
CLERMONT, FL 34711

New Mailing Address:

P.O. BOX 560501
MONTVERDE, FL 34756

FEI Number: 20-3225699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, EDWARD R JR
200 S ORANGE AVE STE 1220
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCNIEL, SHAWN
Address: 1234 SHORECREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: SMITH, MONTILEE
Address: 1234 SHORECREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

Title: D (X) Delete
Name: SMITH, JAMES R
Address: 1234 SHORECREST CIRCLE
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, MONTILEE
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

Title: D (X) Change () Addition
Name: SMITH, JAMES R
Address: P.O. BOX 560501
City-St-Zip: MONTVERDE, FL 34756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONTILEE SMITH

D

04/17/2006

Electronic Signature of Signing Officer or Director

Date