
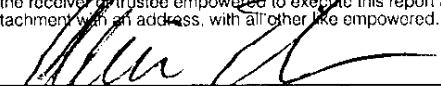


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90040 045 ***150.00

DOCUMENT # P05000144729 1. Entity Name SMITH METALS, INC.					
Principal Place of Business 1923 ROSELLE AVE PALATKA, FL 32177			Mailing Address 1923 ROSELLE AVE PALATKA, FL 32177		
2. Principal Place of Business - No P.O. Box # 51 Sleepy Hollow Trail		3. Mailing Address 51 Sleepy Hollow Trail			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Palm Coast		City & State Palm Coast		4. FEI Number 27-0132341	
Zip 32164		Country USA		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SMITH, TRAVIS 1923 ROSELLE AVE PALATKA, FL 32177			7. Name and Address of New Registered Agent Name Smith, Travis Street Address (P.O. Box Number is Not Acceptable) 51 Sleepy Hollow Trail City Palm Coast FL Zip Code 32164		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PST	NAME SMITH, TRAVIS		TITLE 	NAME 51 Sleepy Hollow Trail	
STREET ADDRESS 1923 ROSELLE AVE	CITY-ST-ZIP PALATKA, FL 32177		STREET ADDRESS 	CITY-ST-ZIP Palm Coast, FL 32164	
TITLE V	NAME ERICKSON, ALICIA		TITLE 	NAME 51 Sleepy Hollow Trail	
STREET ADDRESS 1927 ROSELLE AVE	CITY-ST-ZIP PALATKA, FL 32177		STREET ADDRESS 	CITY-ST-ZIP Palm Coast, FL 32164	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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: 			4/30/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		