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2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 NOV 30 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000146837
 1. Entity Name
SMITH'S TRENCHING SERVICE, INC.



Principal Place of Business Mailing Address
5759 NW CR 340 **P.O. BOX 597**
BELL, FL 32619 **BELL, FL 32619**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Same as above **Same as above**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



09182007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-1263129 Not Applicable

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

6. Name and Address of Current Registered Agent
SMITH, TIFFANY M
5759 NW CR 340
BELL, FL 32619

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature: typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SMITH, JASON S	
STREET ADDRESS	5759 NW CR 340	
CITY- ST- ZIP	BELL, FL 32619	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	SMITH, TIFFANY M	
STREET ADDRESS	5759 NW CR 340	
CITY- ST- ZIP	BELL, FL 32619	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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12/06/07--01052--010 **150.00

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: Tiffany M. Smith / Tiffany M. Smith Date: 9-30-07 Daytime Phone #: 386-935-1125

(2/c)

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Smith's Trenching Service, Inc.

Date: 9/30/2007

Florida Department of State
Division of Corporations

I am requesting a waiver of the \$400.00 late fee, due to the reason that we did not receive an annual report notice in the mail. To my knowledge per our conversation, everything was sent to our shipping address and not our mailing address, and this would explain our not getting our annual report notice. I am enclosing our \$150.00 annual report fee today, and will await notice from you regarding the late fee. Thank you, for your time.

Tiffany M. Smith

A handwritten signature in cursive script that reads "Tiffany M. Smith". The signature is written over a horizontal line.
Vice-President/Secretary