

# 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

5759 NW CR 340  
BELL, FL 32619

Mailing Address

P.O. BOX 597  
BELL, FL 32619

2. Principal Place of Business - No P.O. Box #

Same as above  
Suite, Apt. #, etc.

3. Mailing Address

Same as above  
Suite, Apt. #, etc.



09182007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
65-1263129

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Signature of board or principal name of registered agent and if not applicable

NOTE: Registered Agent signature required when transferring

DATE

**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 ☐ Delete  
NAME SMITH, JASON S  
STREET ADDRESS 5759 NW CR 340  
CITY- ST- ZIP BELL, FL 32619

TITLE VPSD ☐ Delete  
NAME SMITH, TIFFANY M  
STREET ADDRESS 5759 NW CR 340  
CITY- ST- ZIP BELL, FL 32619

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100112910191  
12/06/07--01052--010 \*\*\$150.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: *Tiffany M. Smith / Tiffany M. Smith*  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-07  
Date

386-  
935-1125  
Daytime Phone #

(2/2)

2/2



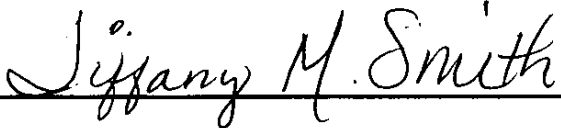
# Smith's Trenching Service, Inc.

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**

  
**Vice-President/Secretary**