2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P06000108189

Entity Name: SMD BUILDERS, INC.

Current Principal Place of Business:

600 LONGCREST LN
ORANGE PARK, FL 32065

New Principal Place of Business:

Current Mailing Address:

600 LONGCREST LN
ORANGE PARK, FL 32065

New Mailing Address:

FEI Number: 11-3787691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, CHAD
600 LONGCREST LN
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

AFFINITY LAW FIRM, P.L.
3947 BOULEVARD CENTER DR
101
JACKSONVILLE, FL 32207 US

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: GUST G. SARRIS 05/04/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DAVIS, CHAD
Address: 600 LONGCREST LN
City-St-Zip: ORANGE PARK, FL 32065

Title: TRES ( ) Delete
Name: DAVIS, STACY
Address: 600 LONGCREST LANE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: DAVIS, WILLIAM M
Address: 11056 GREAT WESTERN LANE WEST
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify 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: GUST G. SARRIS,ESQ. MGRM 05/04/2009
Electronic Signature of Signing Officer or Director Date