

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

01-29-2008 90027 021 ***150.00

DOCUMENT # P07000105642					
1. Entity Name SMITH COMMERCIAL CONSTRUCTION, INC.					
Principal Place of Business 5110 EISENHOWER BLVD, STE 160 TAMPA, FL 33634			Mailing Address 5110 EISENHOWER BLVD, STE 160 TAMPA, FL 33634		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 26-1123034	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent MARLOWE, MCNABB & STAYTON, P.A. 1560 W CLEVELAND ST TAMPA, FL 33606-1807			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, RONALD G		NAME		
STREET ADDRESS	17123 JOURNEYS END DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, MARCUS G		NAME		
STREET ADDRESS	15605 DUNN'S POND COURT		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE	DVP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, SCOTT A		NAME		
STREET ADDRESS	3840 SORREL VINE		STREET ADDRESS		
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544		CITY-ST-ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	SMITH, MARLENE M		NAME		
STREET ADDRESS	17123 JOURNEYS END DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ODESSA, FL 33556		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/23/08 Daytime Phone #: 813 676 5304		

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