


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90098 019 \*\*\*150.00

DOCUMENT # P94000031880		
1. Entity Name JACOB P. SMITH BUILDING CO., INC.		
Principal Place of Business 518 FERNSHAW AVE EUSTIS FL 32726		Mailing Address 518 FERNSHAW AVE EUSTIS FL 32726
2. Principal Place of Business 1737 Lake Terrace Dr	3. Mailing Address 1737 Lake Terrace Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.



1st MOORE CR2E034 (10/04)

City & State Eustis FL	City & State Eustis FL	4. FEI Number 59-3238193	Applied For <input type="checkbox"/> Not Applicable
Zip 32726-1755	Country 32726-1755	Zip 32726-1755	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DIVENANZO, MERRILYN A 518 FERNSHAW AVE EUSTIS FL 32726		7. Name and Address of New Registered Agent Name (same) Street Address (P.O. Box Number is Not Acceptable) 1737 Lake Terrace Dr City Eustis FL Zip Code 32726-1755	
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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	P DIVENANZO, DANIEL FRANCIS 518 FERNSHAW AVE EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1737 Lake Terrace Dr Eustis, FL 32726-1755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS DIVENANZO, MERRILYN 518 FERNSHAW AVE EUSTIS FL 32726 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1737 Lake Terrace Dr Eustis, FL 32726-1755
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Merrilyn A. Divenanzo 4/28/05 (352)357-3693  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #