

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000046060

1. Entity Name

C. MELVIN SMITH ENTERPRISES, INC.



Principal Place of Business

**203 CHAPEL DR.
TALLAHASSEE, FL 32304**

Mailing Address

**203 CHAPEL DR.
TALLAHASSEE, FL 32304**

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3385875

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**O'STEEN, J. C.
177 SALEM CT.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

1100000479392
04/10/06-80002-001 158.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, C. MELVIN
STREET ADDRESS 203 CHAPEL DR.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE VD
NAME DUNLAP, THOMAS G
STREET ADDRESS 3021 FAIRVIEW DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE SD
NAME KORNEGAY, JAMES D
STREET ADDRESS 130 WHISPERING PINES
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

3-22-06 858/545-3130

Date

Daytime Phone #