

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000080755

1. Entity Name
GENE SMITH BUILDERS, INC.



Principal Place of Business
**109 NORTH A STREET
PENSACOLA, FL 32501-4703**

Mailing Address
**109 NORTH A STREET
PENSACOLA, FL 32501-4703**

FILED
Apr 16, 2007 08:00 AM
Secretary of State



04102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3469056	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCABEE-SCOTT & COMPANY
801 WEST GARDEN STREET
PENSACOLA, FL 32501**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, WALTER E JR
STREET ADDRESS	C/O 109 NORTH A STREET
CITY- ST- ZIP	PENSACOLA, FL 325014703

TITLE	D
NAME	SMITH, ANNETTE
STREET ADDRESS	C/O 109 NORTH A STREET
CITY- ST- ZIP	PENSACOLA, FL 325014703

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/24/07-80071-022 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

4/11/07 850-438-1930