

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000015843

1. Entity Name
SMITH BROS. CUSTOM CONSTRUCTION INC.



FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business
**1306 S.W. 29TH TERRACE
PALM CITY, FL 34990**

Mailing Address
**1306 S.W. 29TH TERRACE
PALM CITY, FL 34990**



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901117	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, FRED D
1306 S.W. 29TH TERRACE
PALM CITY, FL 34990**

**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 *Kathie L. Smith* **KATHIE L. SMITH - VP** **1-25-07**
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, FRED D
STREET ADDRESS	1306 S.W. 29TH TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	SMITH, KATHIE L
STREET ADDRESS	1306 S.W. 29TH TERRACE
CITY-ST-ZIP	PALM CITY, FL 34990
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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02/02/07-80021-007 158.75

**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: *Kathie L. Smith* **KATHIE L. SMITH - VP** **1-25-07** **472-2831**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #