2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # P9900058556 1. Entity Name SMITH INDEPENDENT BUILDING INSPECTOR, INC.						04-24-2006	90398 031 ***1	50.00
Principal Place	a of Business	Mailing Address	1			4000		
Principal Place of Business		_			100			
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2. Principal Pl	lace of Business	3. Mailing Address						
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.		03142006	Chg-P	CR2E034 (11/05)	ı	
City & State	8	City & State		4. FEI Numbe			pplied For	
•				65-108	7808	1 1	lot Applicable	
Zip	Country	Zip	Count	ry	5 Continue	at Cash a Danisa d	□ \$8.75 AG	Iditional
					5. Certificate	of Status Desired	Fee Requir	
	6. Name and Address of Curren	it Registered Agent	<u> </u>		7. Name and	Address of New R	egistered Agent	
				Name				
SMITH, WI	ELIAM'H		. [
2440 JERN				Street Address (P.O. Box Number is Not Acceptable)				
	RCE, FL 34945		,	·	 			
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				City			FL Zip Co	de
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registere	d office or registe	red agent, or bot	h, in the State of Flo	rida. I am familiar with	, and accept
SIGNATURE_	Signature, typed or printed name of registered age		F. B				DATE	
	Signature, typed or printed name or registered age	nt and pagin applicable (NOTI	t: negistered	Agent signature require	o wnen reinstaung)		DAIE	
FILI	E NOW!!! FEE IS \$150.00	9. Election Campa Trust Fund Cont			.00 May Be led to Fees			
After Ma	ay 1, 2006 Fee will be \$550	1.00 Hust Fana Cont	noution.	□ Add	led to rees			
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10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI	ICERS AND DIRECTOR	
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TITLE NAME	P SMITH, WILLIAM H	D DIRECTORS	TITLE NAME	:	ADDITIONS/	CHANGES TO OFF		
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TITLE NAME STREET ADDRESS	P SMITH, WILLIAM H 2440 JERNIGAN RD	D DIRECTORS	TITLE NAME STREE	ET ADDRESS ST-ZIP	ADDITIONS/	CHANGES TO OFF		
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12. I hereby certify that the information supplied with this filling 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 appoint 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:

ATURE AND TOPED OF PRINTED LAME CHESING OFFICER OR DIRECTOR

4/20/06

Daytime Phone #