2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 14, 2008 08:00 Al Secretary of State DOCUMENT # V14351 1. Entity Name SMITH CONTRACTING, INC. Principal Place of Business Mailing Address 811 IRENE DR 811 IRENE DR AUBURNDALE FL 33823 AUBURNDALE FL 33823 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State Applied For 4. FEI Number 59-3108573 Not Applicable Ζιρ Country Country Zιρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, CLINTON Street Address (P.O. Box Number is Not Acceptable) 811 IRÊNE DR **AUBURNDALE FL 33823** Cíty Zip Code 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 DATE Signature, typed or printed learns of registered agent and the if applicable (NOTE: Registered Agent's gnoture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Added to Fees Trust Fund Centribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition ☐ Delete SMITH, CLINTON A. NAME STREET ADDRESS 8335 EDISON RD STREET ADDRESS CITY-ST-ZIP LITHIA FL CITY-ST-ZIP TITLE Delete Change Addition SMITH, JOHN A. 94/23/98-80089-001 150.00 811 IRENE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP **AUBURNDALE FL 33823** CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CfTY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes. I forther 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.

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