

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V68356

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: A. SMITH PLASTERING & CO. INC.

**Current Principal Place of Business:**

2660 NW 42ND TERRACE  
LAUDERHILL, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

2660 NW 42ND TERRACE  
LAUDERHILL, FL 33313

**New Mailing Address:**

FEI Number: 65-0361875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, ALPHEUS  
2660 NW 42ND TERRACE  
LAUDERHILL, FL 33313      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SMITH, ALPHEUS  
Address: 2660 NW 42ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: P ( ) Delete  
Name: SMITH, ALPHEUS  
Address: 2660 NW 42ND TERRACE  
City-St-Zip: FORT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHEUS SMITH

P

02/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date