

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 503878

**Entity Name:** SMITH BROS. PLASTERING CO., INC.**Current Principal Place of Business:**2539 EDISON AVENUE  
JACKSONVILLE, FL 32204**Current Mailing Address:**2539 EDISON AVENUE  
JACKSONVILLE, FL 32204**FEI Number:** 59-1680288**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, HERBERT L.  
6519 HYDE GROVE AVE  
JACKSONVILLE, FL 32210 US*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**Officer/Director Detail :**

Title	DIRECTOR
Name	GAY, WILLIAM W
Address	524 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	HOUSER, FRANK C
Address	524 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	S/T
Name	PAINTER, DEAN M
Address	524 STOCKTON STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	PRESIDENT
Name	SMITH, JOSHUA W
Address	2539 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32204

Title	VP
Name	WEAVER, BENJAMIN J
Address	2539 EDISON AVENUE
City-State-Zip:	JACKSONVILLE FL 32204

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSHUA W. SMITH**PRESIDENT****01/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date