

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91366 047 ***158.75

DOCUMENT # P02000043921

1. Entity Name
KALO SMITH CONSTRUCTION, INC.



Principal Place of Business
**16 WASHINGTON ST., LOT #4
EASTPOINT, FL 32328**

Mailing Address
**16 WASHINGTON ST., LOT #4
EASTPOINT, FL 32328**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
753046902

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**SMITH, JOSEPH K
16 WASHINGTON ST., LOT #4
EASTPOINT, FL 32328**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JOSEPH K	
STREET ADDRESS	16 WASHINGTON ST., LOT #4	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MASON, CARLOS	
STREET ADDRESS	606 WILDERNESS RD.	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, TALMADGE D	
STREET ADDRESS	P.O. BOX 151	
CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD MILLENDER	
STREET ADDRESS	P.O. BOX 113	
CITY-ST-ZIP	CARRABELLE, FL 32322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 507, 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: *Joseph K Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 850-653-5325
Date Daytime Phone #

CR2E034 (10/02)