


**2003 FOR PROFIT CORP.
UNIFORM BUSINESS REPORT**

AMENDED

12/03 DE 12:03 PM

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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
PO BOX 1095
EASTPOINT FL 32328**

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

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

City & State
City & State

Zip Country
Zip Country



CHECK HERE IF MAKING CHANGES

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

4. FEI Number
753046902

Applied For
 Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

6. 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 _____

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

10. OFFICERS AND DIRECTORS	
TITLE D NAME SMITH, JOSEPH K STREET ADDRESS 16 WASHINGTON ST., LOT #4 CITY-ST-ZIP EASTPOINT, FL 32328	<input type="checkbox"/> Delete
TITLE D NAME MASON, CARLOS STREET ADDRESS 606 WILDERNESS RD. CITY-ST-ZIP EASTPOINT, FL 32328	<input checked="" type="checkbox"/> Delete
TITLE D NAME TURNER, TALMADGE D STREET ADDRESS P.O. BOX 161 CITY-ST-ZIP EASTPOINT, FL 32328	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME RICHARD MILLENDER STREET ADDRESS P.O. BOX 113 CITY-ST-ZIP CARRABELLE, FL 32322	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME JAMES CROSS STREET ADDRESS 16 WASHINGTON ST, LOT #4 CITY-ST-ZIP EAST POINT, FL 32328	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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* **4/20/03** **850-653-5325**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Joseph K Smith

12/4/03 **850-381-6364**

AMENDED

CR2E034 (10/02)