


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90151 021 \*\*\*158.75

<b>DOCUMENT # P02000043921</b>					
1. Entity Name KALO SMITH CONSTRUCTION, INC.					
Principal Place of Business 16 WASHINGTON ST., LOT #4 EASTPOINT, FL 32328			Mailing Address PO BOX 1095 EASTPOINT, FL 33328		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 75-3046902	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JOSEPH K		NAME	ANNETTE MILLENDER	
STREET ADDRESS	16 WASHINGTON ST., LOT #4		STREET ADDRESS	706 W. 7th ST	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	CARRABELLE, FL 32322	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROSS, JAMES		NAME	LUTHER GLASS	
STREET ADDRESS	16 WASHINGTON ST LOT 4		STREET ADDRESS	102 DUNLAP RD	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUENTES, MICHEAL		NAME	JONATHAN MILLENDER	
STREET ADDRESS	94 DUNLAP		STREET ADDRESS	16 WASHINGTON LOT #4	
CITY-ST-ZIP	EASTPOINT, FL 32328		CITY-ST-ZIP	EASTPOINT, FL 32328	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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.					
SIGNATURE: <i>Joseph K Smith</i>		Date: <i>2/16/04</i>		Daytime Phone #: <i>850-653-5585</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					