

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 693720

FILED
Apr 12, 2012
Secretary of State

Entity Name: THE SIMPLICITY PLAN, INC.

Current Principal Place of Business:

5101 NEBRASKA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

ATTN : TREASURY DEPT-BRIDGET GERSTNER
1333 S. CLEARVIEW PARKWAY
JEFFERSON, LA 70121

New Mailing Address:

FEI Number: 59-3506520 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: EVP
Name: MYERS, KENNETH G JR
Address: 1333 S. CLEARVIEW PARKWAY
City-St-Zip: JEFFERSON, LA 70121

Title: P
Name: PANTER, MARK A
Address: 5101 N. NEBRASKA AVE.
City-St-Zip: TAMPA, FL 33603

Title: V
Name: LACOUR, ANGELA L
Address: 1333 S CLEARVIEW PKWY
City-St-Zip: JEFFERSON, LA 70121

Title: S
Name: WINNINGKOFF, LISA T
Address: 1333 S CLEARVIEW PARKWAY
City-St-Zip: JEFFERSON, LA 70121

Title: V
Name: HYMEL, MICHAEL G
Address: 1333 S CLEARVIEW PKWY
City-St-Zip: JEFFERSON, LA 70121

Title: T
Name: DERBES, LEWIS J JR
Address: 1333 S CLEARVIEW PKWY
City-St-Zip: JEFFERSON, LA 70121

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: LISA T. WINNINGKOFF

S

04/12/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date