

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000117789

Entity Name: SIMCO BUILDERS, INC.

FILED  
Jul 21, 2005  
Secretary of State

**Current Principal Place of Business:**

211 W 9 1/2 MILE RD  
PENSACOLA, FL 32534

**New Principal Place of Business:**

8963 PENSACOLA BLVD  
PENSACOLA, FL 32534

**Current Mailing Address:**

211 W 9 1/2 MILE RD  
PENSACOLA, FL 32534

**New Mailing Address:**

8963 PENSACOLA BLVD  
PENSACOLA, FL 32534

FEI Number: 02-0646431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMMONS, STEVEN R  
211 W 9 1/2 MILE RD  
PENSACOLA, FL 32534 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMMONS, STEVEN R  
Address: 211 W 9 1/2 MILE RD  
City-St-Zip: PENSACOLA, FL 32534

Title: S ( ) Delete  
Name: SIMMONS, KATHY J  
Address: 211 W 9 1/2 MILE RD  
City-St-Zip: PENSACOLA, FL 32534

Title: VP ( ) Delete  
Name: SIMMONS, STEVEN J  
Address: 9638 MAPLELEAF DR #26  
City-St-Zip: PENSACOLA, FL 32514

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KATHY SIMMONS

S

07/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date