


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000105150 1. Entity Name SIMCO MACHINE & TOOL, INC.	
---	---

Principal Place of Business 2029 STATE ROAD 64 WEST AVON PARK, FL 33825	Mailing Address PO BOX 997 AVON PARK, FL 33826
---	--

DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0828066	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent ZIMMERMAN, DREMA 2029 STATE ROAD 64 WEST AVON PARK, FL 33825
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIMMERMAN, DREMA 2029 STATE ROAD 64 WEST AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EARLY, MICHAEL D. 2690 AVON BLVD AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000092617
03/19/04-80016-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **3/16/04** **863 453-2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #