


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90052 034 \*\*\*150.00

**DOCUMENT # P98000073645**

1. Entity Name  
**SIMMONS & SARAY INTERIORS GROUP, INC.**



Principal Place of Business <b>4152 W BLUE HERON BLVD          STE 112          RIVIERA BEACH FL 33404</b>	Mailing Address <b>4152 W BLUE HERON BLVD          STE 112          RIVIERA BEACH FL 33404</b>
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**J4U40411**



MOORE CR2E034 (11/03)

2. Principal Place of Business <b>1090 JUPITER PK DR          STE 201</b>	3. Mailing Address <b>1090 JUPITER PK DR          STE 201</b>
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City & State <b>JUPITER FL</b>	City & State <b>JUPITER FL</b>	4. FEI Number <b>65-0859205</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33458</b>	Country <b>USA</b>	Zip <b>33458</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**SIMMONS, LAUREN R  
 4152 W BLUE HERON BLVD  
 SUITE 106  
 RIVIERA BEACH FL 33404**

7. Name and Address of New Registered Agent

Name  
**SIMMONS LAUREN R**

Street Address (P.O. Box Number is Not Acceptable)  
**1090 JUPITER PK DR  
 STE 201**

City  
**JUPITER FL** Zip Code  
**33458**

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 Lauren R Simmons DATE 3/5/04

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE PSV <input type="checkbox"/> Delete	NAME SIMMONS, LAUREN R	STREET ADDRESS 4152 W BLUE HERON BLVD STE 106	CITY-ST-ZIP RIVIERA BEACH FL 33404
TITLE D <input type="checkbox"/> Delete	NAME SIMMONS, LAUREN R	STREET ADDRESS 4152 W BLUE HERON BLVD STE 106	CITY-ST-ZIP RIVIERA BEACH FL 33404
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	STREET ADDRESS	CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SIMMONS, LAUREN R	STREET ADDRESS 1090 JUPITER PK DR STE 201	CITY-ST-ZIP JUPITER, FL 33458
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SIMMONS, LAUREN R	STREET ADDRESS 1090 JUPITER PK DR, STE 201	CITY-ST-ZIP JUPITER, FL 33458
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	STREET ADDRESS	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: Lauren R Simmons DATE 3/5/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR