

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 518024		
1. Entity Name SIMCLAR, INC.		
Principal Place of Business 2230 WEST 77TH STREET HIALEAH, FL 33016	Mailing Address 2230 W 77 ST. HIALEAH, FL 33016 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WATTS, DAVID L 2230 WEST 77TH STREET HIALEAH, FL 33016		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 title if applicable		DATE _____ (NOTE: Registered Agent signature required when reinstating)
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	DCEO RUSSEL, SAMUEL 2230 W. 77 ST. HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARDON, BARRY 2230 W. 77 ST. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSSLEY, LYTTON 2230 W. 77 ST. HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOS WATTS, DAVID L 2230 W. 77 ST. HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFD DURIE, JOHN I 2230 W. 77 ST. HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSEL, CHRISTINA M 2230 W. 77 ST. HIALEAH, FL 33016	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1709103** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

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01/13/04-80043-011 158.75