


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90060 037 \*\*\*158.75

<b>DOCUMENT # 332899</b> 1. Entity Name R.R. SIMMONS CONSTRUCTION CORPORATION	
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Principal Place of Business 14025 RIVEREDGE DR SUITE 550 TAMPA, FL 33637	Mailing Address 14025 RIVEREDGE DR SUITE 550 TAMPA, FL 33637
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1221161	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SIMMONS, R RANDOLPH III 14025 RIVEREDGE DR SUITE 550 TAMPA, FL 33637
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**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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SIMMONS, R RANDOLPH III 927 N RIVERHILLS DRIVE TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZEVALLOS, CESAR A 18027 KINGS PARK DRIVE TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIMMONS, LINDA O. 927 N RIVERHILLS DRIVE TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEBSTER, MALINDA 13015 ST FILAGREE DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGER, LINDA W 4141 BAYSHORE BLVD, #3020 TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** Linda O. Simmons *President* 1/25/05 813-632-5350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
LINDA O. SIMMONS CEO