

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 393223	
1. Entity Name SIMTEC, INC.	
Principal Place of Business 660 COX ROAD UNIT 3 COCOA, FL 32926 US	Mailing Address PO BOX 236217 COCOA, FL 32923-6217 US



04202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1380106	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 WRIGHT, SCOTT 2285 W. EAU GALLIE BLVD MELBOURNE, FL 32935		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 reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000331504 04/26/05-80017-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FISCHER,, NANCY L 14668 US HWY 31 HOPE HULL, AL 36043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIMICICH, JO ANNE 100 VANNOY ST GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SIMICICH, EJ 4673 S FRIDAY CIRCLE COCOA, FL 32924
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PORTER, CARLA 309 WILLIAMSBURG LAKE EXPORT, PA 15632
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SIMICICH, STEVE 11901 SW 91ST AVE. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SMITH, GERALDINE 7950 WYNFIELD DRIVE CUMMING, GA 300405688

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #