

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-1380106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, SCOTT
2285 W. EAU GALLIE BLVD
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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: DIR ☐ Delete
NAME: FISCHER, NANCY L
STREET ADDRESS: 14668 US HWY 31
CITY-STATE-ZIP: HOPE HULL AL 36043

TITLE: DIR ☐ Delete
NAME: SIMICICH, JO ANNE
STREET ADDRESS: 100 VANNOY ST
CITY-STATE-ZIP: GREENVILLE SC 29601

TITLE: DIR ☐ Delete
NAME: SIMICICH, EJ
STREET ADDRESS: 4673 S FRIDAY CIRCLE
CITY-STATE-ZIP: COCOA FL 32924

TITLE: DIR ☐ Delete
NAME: PORTER, CARLA
STREET ADDRESS: 309 WILLIAMSBURG LAKE
CITY-STATE-ZIP: EXPORT PA 15632

TITLE: P/DI ☐ Delete
NAME: SIMICICH, STEVE
STREET ADDRESS: 11901 SW 91ST AVE.
CITY-STATE-ZIP: MIAMI FL 33176

TITLE: S/DI ☐ Delete
NAME: SMITH, GERALDINE
STREET ADDRESS: 7950 WYNFIELD DRIVE
CITY-STATE-ZIP: CUMMING GA 30040-5688

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: **U00000696346**
STREET ADDRESS: **04/17/07-80096-008 150.00**
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

04/05/07

Date

321 632 8596

Daytime Phone #