


**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**



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1709103**

Applied For  
 Not Applicable

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	DCEO
NAME	RUSSEL, SAMUEL
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	PD
NAME	PARDON, BARRY
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL
TITLE	D
NAME	CROSSLEY, LYTTON
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	CFOS
NAME	WATTS, DAVID L
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VFPD
NAME	DURIE, JOHN I
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	D
NAME	RUSSEL, CHRISTINA M
STREET ADDRESS	2230 W. 77 ST.
CITY-ST-ZIP	HIALEAH, FL 33016

**DO NOT WRITE IN THIS SPACE**

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 01/13/04-80043-011 158.75

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:** \_\_\_\_\_ **1/8/04 (305) 556-9210**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #