

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 560392

1. Entity Name
SIMS MACHINE & CONTROLS, INC.



Principal Place of Business
15538 AVIATION LOOP DRIVE
BROOKSVILLE, FL 34609

Mailing Address
15538 AVIATION LOOP DRIVE
BROOKSVILLE, FL 34609

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11012005 Chg-P CR2E034 (10/03)

4. FEI Number
59-1819041

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE HOGAN LAW FIRM, LLC
20 SOUTH BROAD STREET
BROOKSVILLE, FL 34601

Name Joseph M. Mason, Jr., Esquire

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

101 South Main Street

City Brooksville

FL

Zip Code 34601

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SIMS, DAVID A
STREET ADDRESS 25099 RATTLER LANE
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☒ Delete

TITLE PD
NAME Robert M. Jones
STREET ADDRESS 15460 Aviation Loop Drive
CITY-ST-ZIP Brooksville, Florida 34604-6856 ☒ Change ☐ Addition

TITLE STD
NAME SIMS, CHARLES H
STREET ADDRESS 25352 ASH STREET
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☒ Delete

TITLE STD
NAME Robert M. Jones
STREET ADDRESS 15460 Aviation Loop Drive
CITY-ST-ZIP Brooksville, Florida 34604-6856 ☒ Change ☐ Addition

TITLE D
NAME SIMS, JESSE H
STREET ADDRESS 25363 PLUM STREET
CITY-ST-ZIP BROOKSVILLE, FL 34601 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 #

FILED

05 NOV -9 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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11/03/05--01058--007 **\$61.25

HW