

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90074 023 ***150.00

DOCUMENT # 607581

1. Entity Name
SOUTH BAY CONTRACTING, INC.



Principal Place of Business

**508 E. SHELL POINT RD.
RUSKIN, FL 33570 US**

Mailing Address

**508 E SHELLPOINT RD
RUSKIN, FL 33570**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2127536

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLES R SIMMONS
508 E SHELLPOINT RD
RUSKIN, FL 33570**

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	DEAN SIMMONS
STREET ADDRESS	508 E. SHELL POINT ROAD
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	P
NAME	SIMMONS, CHARLES R
STREET ADDRESS	508 EAST SHELLPOINT ROAD
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	V
NAME	SIMMONS, SAMUEL R
STREET ADDRESS	201 5TH STREET NE APT 1
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	ST
NAME	SIMMONS, LINDA
STREET ADDRESS	508 E SHELL POINT RD
CITY - ST - ZIP	RUSKIN, FL 33570
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 exemptions contained in Chapter 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

Date

Daytime Phone #

Linda Simmons **LINDA SIMMONS** 4-10-06 813 645-1447