2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90065 027 ***150.00

FILED
SECRETARY OF STATE 637479
DIVISION OF CORPORATIONS

07 MAY 16 AM 9:58

DOCUMENT # 637479

1. Entity Name
SIMES, SUTTON ASSOCIATES INC.

Principal Place of Business	Mailing Address
2398-63RD AVE.,E. P.O. BOX 1699 (34206) BRADENTON FL 34203	2398-63RD AVE.,E. P.O. BOX 1699 (34206) BRADENTON FL 34203 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #: 10330 Cheddak Crt
Suite, Apt. #, etc.: Suite 104
City & State: Jacksonville
Zip: 32218 Country: USA

3. Mailing Address: PO Box 26997
Suite, Apt. #, etc.:
City & State: Jacksonville
Zip: 32226 Country: USA

4. FEI Number 59-1976953 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, SAMUEL J
2398 63RD AVE EAST
BRADENTON FL 34203

7. Name and Address of New Registered Agent

Name: SAMUEL J. SUTTON
Street Address (P.O. Box Number is Not Acceptable): 10330 Chedoak Crt Ste 104
City: Jax FL Zip Code: 32218

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]
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD SUTTON, SAMUEL J. 7521 CINNAMON LAKES DR JACKSONVILLE FL 32244	☑ Delete	Pres - SUTTON SAMUEL J 85811 AMAGAN Scott Dr. FERNANDINA Bch, FL 32034	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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] 4/24/07 904-338-0625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #