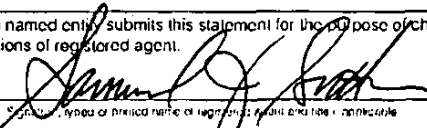
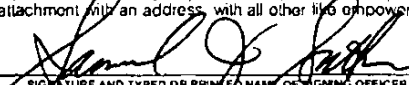


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

05-04-2007 90065 027 ***150.00
FILE #
SECRETARY 0637479
DIVISION OF CORPORATIONS

07 MAY 16 AM 9:58

DOCUMENT # 637479 1. Entity Name SIMES, SUTTON ASSOCIATES INC.					
Principal Place of Business 2398-63RD AVE., E. P.O. BOX 1699 (34206) BRADENTON FL 34203			Mailing Address 2398-63RD AVE., E. P.O. BOX 1699 (34206) BRADENTON FL 34203 US		
2. Principal Place of Business No. P.O. Box # 10330 Cedar Oak Ct PO Box 26997			3. Mailing Address PO Box 26997		
Suite, Apt. #, etc. Suite 104			Suite, Apt. #, etc. Suite 104		
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-1976953	
Zip 32218 Country USA		Zip 32226 Country USA		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 CEDAR OAK CT STE 104 City JOP State 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  DATE _____ Signature typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent signature required when reinstating.)					
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	TITLE NAME STREET ADDRESS CITY ST ZIP	Pres - SUTTON SAMUEL J 8581 AMAGAN SEASIDE FERNANDINA BEACH, FL 32034	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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 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 live empowered.					
SIGNATURE: 			4/24/07 904-338-0625 Date Anytime Period 4		