2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 678187

Address:

City-St-Zip:

16208 LETA TRACE CT.

TAMPA, FL 33624

FILED Jan 12, 2005 Secretary of State

Entity Name: JOHNNY P. SIMS INC.						
Current Pi	rincipal Place	of Business:	New Princi	New Principal Place of Business:		
6911 CONATY RD. TAMPA, FL 336344417				6911 CONATY DR. TAMPA, FL 336344417		
Current M	ailing Address	::	New Mailin	New Mailing Address:		
6911 CON TAMPA, FL	ATY RD. _ 336344417			6911 CONATY DR. TAMPA, FL 336344417		
FEI Number:	59-1911974	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of Co	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
SIMS, JOH 9728 N AR TAMPA, FL	MENIA AVE		9728 N ARM	SIMS, JOHNNY P., INC. 9728 N ARMENIA AVE TAMPA, FL 33612 US		
The above in the State		ubmits this statement for the p	urpose of changing it	s registered o	office or registered agent, or both,	
SIGNATUR	RE: JOHNNY F	P. SIMS		01/12/2005		
Election Can		c Signature of Registered Age Trust Fund Contribution ().	nt		Date	
	S AND DIRECT		ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () I SIMS, JOHNNY I 9728 N ARMENIA TAMPA, FL 336	A AVE	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP () I SIMS, LEIGH M 3607 E. TAMPA TAMPA, FL 336		Title: Name: Address: City-St-Zip:	()) Change()Addition	
Title: Name: Address: City-St-Zip:	S () SIMS, SCOTT R 6211 OAKCLUST TAMPA, FL 336		Title: Name: Address: City-St-Zip:	S (X) SIMS, SCOTT F 16208 LETA TF TAMPA, FL 33	RACE CT.	
Title: Name:	T () SIMS, ERIC P	Delete	Title: Name:	()) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHNNY P. SIMS PD 01/12/2005