

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # F01000005112

1. Entity Name

SIMPSON COMMERCIAL CONTRACTING, INC.



Principal Place of Business

4905 POWELL AVENUE SOUTH
BIRMINGHAM, AL 35222

Mailing Address

PO BOX 321275
BIRMINGHAM, AL 35232-1275



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

63-1223563

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SIMPSON, GEORGE E
STREET ADDRESS	4905 POWELL AVENUE SOUTH
CITY - ST - ZIP	BIRMINGHAM, AL
TITLE	VD
NAME	KENNEDY, J. MICHAEL
STREET ADDRESS	4905 POWELL AVENUE SOUTH
CITY - ST - ZIP	BIRMINGHAM, AL
TITLE	SD
NAME	SIMPSON, BETH
STREET ADDRESS	4905 POWELL AVENUE SOUTH
CITY - ST - ZIP	BIRMINGHAM, AL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/28/05-80084-011 158.75

**DO NOT WRITE
IN THIS SPACE**

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

J. Michael Kennedy

04-26-2005

Date

205-591-2501 x 101

Daytime Phone #