


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000005112</b> 1. Entity Name <b>SIMPSON COMMERCIAL CONTRACTING, INC.</b>	
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Principal Place of Business <b>4905 POWELL AVENUE SOUTH BIRMINGHAM, AL 35222</b>	Mailing Address <b>PO BOX 321275 BIRMINGHAM, AL 35232-1275</b>
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01132006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-1223563</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD SIMPSON, GEORGE E 4905 POWELL AVENUE SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KENNEDY, J. MICHAEL 4905 POWELL AVENUE SOUTH BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMPSON, BETH 4905 POWELL AVENUE SOUTH BIRMINGHAM, AL
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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:** Michael Kennedy **J. Michael Kennedy - Vice President -1-16-2006 205-591-2501**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #