


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000001152</b>	
1. Entity Name <b>SIMPLEX SERVICES, INC</b>	

Principal Place of Business <b>3022 RIO GRANDE TRL KISSIMMEE, FL 34741</b>	Mailing Address <b>3022 RIO GRANDE TRL KISSIMMEE, FL 34741</b>
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05042008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>84-1467545</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SIMON, MARIO  
3022 RIO GRANDE TRL  
KISSIMMEE, FL 34741**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SIMON, MARIO 3022 RIO GRANDE TRL KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP SIMON, LAURA 3022 RIO GRANDE TRL KISSIMMEE, FL 34741
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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:** *Mario H. Simon* **MARIO H. SIMON** **5/4/08** **407-780-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #