

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90080 026 \*\*\*150.00

DOCUMENT # F98000000107

1. Entity Name  
SIMPLY THAI, INC.



Principal Place of Business  
875 E BLOOMINGDALE AVE  
BRANDEN, FL 33511 US

Mailing Address  
10026 KENLAKE DRIVE  
RIVERVIEW, FL 33569

**DO NOT WRITE IN THIS SPACE**



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3488855

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ROGERS, JUNE  
10026 KENLAKE DR.  
RIVERVIEW, FL 33569

**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, type or print name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ROGERS, JUNE
STREET ADDRESS	10026 KENLAKE DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VP
NAME	JANE TUNUTTIM <i>Jane Tunuttim</i>
STREET ADDRESS	10026 KENLAKE DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	S
NAME	ROGERS, CURTIS D
STREET ADDRESS	10026 KENLAKE DRIVE
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/21/06* (813) 691-4470