

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90031 047 ***150.00

DOCUMENT # G28050

1. Entity Name

SIMMONS HOLDING CO.



Principal Place of Business

%MAE SIMMONS
2264 SE 17TH ST
FT. LAUDERDALE FL 33316

Mailing Address

%MAE SIMMONS
2264 SE 17TH ST
FT. LAUDERDALE FL 33316



2. Principal Place of Business - No P.O. Box #

901 SE 17 ST.

3. Mailing Address

901 SE 17 ST.

Suite, Apt. #, etc.

SUITE 217

Suite, Apt. #, etc.

SUITE 217

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip

33316

Country

BROWARD

Zip

33316

Country

BROWARD

1st MOORE

CR2E034 (10/06)

4. FEI Number

65-0002133

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, MAE
1779 SE 25 AVE.
FT. LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Mae Simmons

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, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	SIMMONS, MAE	
STREET ADDRESS	1779 SE 25 AVE	
CITY - ST - ZIP	FT LAUDERDALE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mae Simmons MAE SIMMONS 3/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-522-8517