


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # G61399
 1. Entity Name
PAUL SIMS CONSTRUCTION, INC.



Principal Place of Business Mailing Address
 % PAUL V. SIMS % PAUL V. SIMS
 1809 ST. ANDREWS BLVD. 1809 ST. ANDREWS BLVD.
 PANAMA CITY FL 32405 PANAMA CITY FL 32405



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

SIMS, PAUL V.
1809 ST. ANDREWS BLVD.
PANAMA CITY FL 32405

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May 0
 Trust Fund Contribution. Added to Fees

| 10. OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|----------------------------|------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SIMS, PAUL V. | |
| STREET ADDRESS | 1809 ST. ANDREWS BLVD. | |
| CITY-ST-ZIP | PANAMA CITY FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SIMS, PAUL | |
| STREET ADDRESS | 1809 ST ANDREWS BLVD | |
| CITY-ST-ZIP | PANAMA CITY, FL 00000 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | SIMS, PAUL | |
| STREET ADDRESS | 1809 ST ANDREWS BLVD | |
| CITY-ST-ZIP | PANAMA CITY, FL 00000 | |
| TITLE | SP | <input type="checkbox"/> Delete |
| NAME | SIMS, PAUL | |
| STREET ADDRESS | 1809 ST ANDREWS BLVD | |
| CITY-ST-ZIP | PANAMA CITY, FL 00000 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | SIMS, PAUL | |
| STREET ADDRESS | 1809 ST ANDREWS BLVD | |
| CITY-ST-ZIP | PANAMA CITY, FL 00000 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|---|--|---------------------------------|------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 01/25/06-80040-001 150.00

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: *Paul V. Sims* **PAUL V. SIMS** 1-19-06 850-763-0389

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