

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G78802

Entity Name: SIMONS MANAGEMENT CO., INC.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

854 CARDINAL POINTE COVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

854 CARDINAL POINTE COVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-2356039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONS, BARBARA M
854 CARDINAL POINTE COVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

SIMONS, BARBARA M
854 CARDINAL POINTE COVE
SANFORD, FL 32771 US

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.

SIGNATURE: BARBARA M. SIMONS

01/03/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: SIMONS, BARBARA M
Address: 854 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: SIMONS, GAIL M
Address: 4425 WINDER LAKES
City-St-Zip: ORLANDO, FL 32835

Title: TD () Delete
Name: BLOOM, DIANE B
Address: 4651 REDWOOD PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change () Addition
Name: SIMONS, BARBARA M
Address: 854 CARDINAL POINTE COVE
City-St-Zip: SANFORD, FL 32771

Title: STD (X) Change () Addition
Name: COHEN, GAIL M
Address: 4425 WINDER LAKES
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA M. SIMONS

PDST

01/03/2007

Electronic Signature of Signing Officer or Director

Date