


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H16214</b> 1. Entity Name <b>DAVID SIMONSON, INC.</b>					
Principal Place of Business <b>% DAVID SIMONSON 1081 BACOM POINT ROAD PAHOKEE FL 33476</b>			Mailing Address <b>% DAVID SIMONSON 1081 BACOM POINT ROAD PAHOKEE FL 33476</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2434498</b> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SIMONSON, DAVID 1081 BACOM POINT ROAD PAHOKEE FL 33476</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		TITLE	000000014076	
NAME	SIMONSON, DAVID		NAME	01/27/04-80031-022 150.00	
STREET ADDRESS	1081 BACOM POINT ROAD		STREET ADDRESS		
CITY - ST - ZIP	PAHOKEE FL		CITY - ST - ZIP		
TITLE	D		TITLE		
NAME	SIMONSON, SANDRA G		NAME		
STREET ADDRESS	1081 BACOM PT. RD		STREET ADDRESS		
CITY - ST - ZIP	PAHOKEE FL 33476		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, and all other like empowered.					
<b>SIGNATURE:</b> <i>Robert David Simonson</i> <b>1/23/04</b> <b>(561)924-7883</b>					