
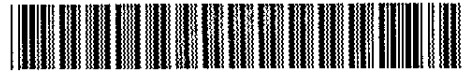


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

DOCUMENT # H16214 1. Entity Name DAVID SIMONSON, INC.																										
Principal Place of Business		Mailing Address																								
% DAVID SIMONSON 1081 BACOM POINT ROAD PAHOKEE FL 33476		% DAVID SIMONSON 1081 BACOM POINT ROAD PAHOKEE FL 33476																								
2. Principal Place of Business		3. Mailing Address																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																								
City & State		City & State																								
Zip	Country	Zip	Country																							
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																								
SIMONSON, DAVID 1081 BACOM POINT ROAD PAHOKEE FL 33476		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 _____		DATE _____																								
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)																								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																								
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMONSON, DAVID</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1081 BACOM POINT ROAD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAHOKEE FL</td> <td></td> </tr> </table>	TITLE	PD	<input type="checkbox"/> Delete	NAME	SIMONSON, DAVID		STREET ADDRESS	1081 BACOM POINT ROAD		CITY - ST - ZIP	PAHOKEE FL		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">000000014076</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>01/27/04-80031-022 150.00</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	000000014076	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS	01/27/04-80031-022 150.00		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete																								
NAME	SIMONSON, DAVID																									
STREET ADDRESS	1081 BACOM POINT ROAD																									
CITY - ST - ZIP	PAHOKEE FL																									
TITLE	000000014076	<input type="checkbox"/> Change <input type="checkbox"/> Add																								
NAME																										
STREET ADDRESS	01/27/04-80031-022 150.00																									
CITY - ST - ZIP																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SIMONSON, SANDRA G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1081 BACOM PT. RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PAHOKEE FL 33476</td> <td></td> </tr> </table>	TITLE	D	<input type="checkbox"/> Delete	NAME	SIMONSON, SANDRA G		STREET ADDRESS	1081 BACOM PT. RD		CITY - ST - ZIP	PAHOKEE FL 33476		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete																								
NAME	SIMONSON, SANDRA G																									
STREET ADDRESS	1081 BACOM PT. RD																									
CITY - ST - ZIP	PAHOKEE FL 33476																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>	TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add																								
NAME																										
STREET ADDRESS																										
CITY - ST - ZIP																										



MOORE CR2E034 (11/03)

4. FEI Number **59-2434498** Applied For Not Applied

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Robert David Simonson 1/23/04 (561)924-7883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #