


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90009 004 \*\*\*150.00

<b>DOCUMENT # H49901</b>		
1. Entity Name <b>SIMONS CAPITAL, INC.</b>		

Principal Place of Business <b>4561 SW LONG BAY DRIVE PALM CITY, FL 34990 US</b>	Mailing Address <b>4561 SW LONG BAY DRIVE PALM CITY, FL 34990 US</b>
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**54066197**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07212004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2563026</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>PEARCE, ROBERT W. 2691 E. OAKLAND PARK BLVD FT. LAUDERDALE, FL 33306</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMONS, FRANK 2888 E OAKLAND PARK BLVD FT. LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK SIMONS** *Frank Simons* **7/27/04** **772-223-8106**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
524066197

Simons Capital, Inc  
4561 SW Long Bay Drive  
Palm City, FL 34990

Ref Number: H49901

Letter Number: 504A00046141

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

July 27, 2004

To Whom It May Concern:

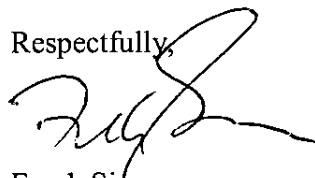
Please let this letter serve as proper notice that I never received my Annual report notice.

I have been incorporated in the State of Florida for nearly twenty years and this has never happened before.

Enclosed is my Annual for Profit Corporation Annual Report completed and my annual fee of \$150.

Thanking you in advance.

Respectfully,



Frank Simons  
President