

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90353 025 ***150.00

DOCUMENT # H81378

1. Entity Name

SIMMONS ENGRAVING AND MONOGRAMMING, INC.



Principal Place of Business

1304 E BAKER ST. 605 E. REYNOLDS ST.
PLANT CITY FL 33566 33563

Mailing Address

1304 E BAKER ST. 605 E. REYNOLDS ST.
PLANT CITY FL 33566 PLANT CITY, FL
33563

14015726



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2586449

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, ASHLEY
1304 E BAKER ST. 605 E. REYNOLDS ST.
PLANT CITY FL 33566 33563

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME SIMMONS, ASHLEY
STREET ADDRESS **1304 E BAKER ST. 605 E. REYNOLDS ST.**
CITY-ST-ZIP PLANT CITY FL 33563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T & S ☐ Delete
NAME SIMMONS, BRENDA
STREET ADDRESS **1304 E BAKER ST. 605 E. REYNOLDS ST.**
CITY-ST-ZIP PLANT CITY FL 33563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME HYATT, ROSE K
STREET ADDRESS 2910 JIM JOHNSON ROAD
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME SIMMONS, JEFFREY
STREET ADDRESS **1304 E BAKER 605 E. REYNOLDS ST.**
CITY-ST-ZIP PLANT CITY FL 33566 33563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

BRENDA C. SIMMONS

SIGNATURE: **Brenda C. Simmons**

OWNER

4-26-04 (813) 754-7360