2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H89524

1. Entity Name
SIMMERSON PROPERTIES, INC.

Principal Place of Business	Mailing Address
253 DONEGAL CT. ALTAMONTE SPRINGS, FL 32714	253 DONEGAL CT. ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

02182007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2611807	Not Applicable

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

6. Name and Address of Current Registered Agent
SIMMERSON, CHARLES M. 253 DONEGAL CT. ALTAMONTE SPRINGS, FL 32714

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	
NAME	SIMMERSON, DORINIA	
STREET ADDRESS	253 DONEGAL CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	DPS	
NAME	SIMMERSON, CHARLES M.	
STREET ADDRESS	253 DONEGAL CT.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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U00000701618
04/20/07-80064-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____   4-7-07   401 862 9675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #