


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J30028 1. Entity Name SIMS, WATERS & ASSOCIATES, INC.	
------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1750 EAST DUVAL ST JACKSONVILLE, FL 32202 US	Mailing Address 1750 E DUVAL ST JACKSONVILLE, FL 32202
--------------------------------------------------------------------------------	--------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MYRA SIMS 1782 PLANTATION OAKS DR. JACKSONVILLE, FL 32223

DO NOT WRITE
IN THIS SPACE

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 \$550.00
Due by September 12, 2008

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

U000000954405
07/11/08-80012-008 550.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WATERS, BETTY J. 1750 E DUVAL ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMS, MYRA H. 1750 E DUVAL ST JACKSONVILLE, FL 32202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE
IN THIS SPACE

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:  MYRA H. SIMS, VICE-PRESIDENT 07/10/08 904-356-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jul 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2709355	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
-----------------------------------------------------------	------------------------------------------