

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33060

FILED  
May 06, 2005  
Secretary of State

**Entity Name:** SIMMONS COMMUNICATION SYSTEMS, INC.

**Current Principal Place of Business:**

4601 ENTERPRISE AVE.  
NAPLES, FL 34104 US

**New Principal Place of Business:**

1154 7TH AVE. N.  
NAPLES, FL 34102 US

**Current Mailing Address:**

1154 7TH AVE. N.  
NAPLES, FL 34102 US

**New Mailing Address:**

P.O. BOX 9197  
NAPLES, FL 34101 US

**FEI Number:** 59-2756155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMMONS, MARK E MR  
1154 7TH AVE N.  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMMONS, MARK E.,  
Address: 1154 7TH AVE N  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E. SIMMONS

P

05/06/2005

Electronic Signature of Signing Officer or Director

Date