


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90197 035 ***150.00

DOCUMENT # K15777 1. Entity Name SIMMONS FAMILY GROVE, INC.					
Principal Place of Business 5101 JIM REDMAN PKWY PLANT CITY, FL 33566			Mailing Address 5101 JIM REDMAN PKWY PLANT CITY, FL 33566		
2. Principal Place of Business - No P.O. Box # 4420 NW 14th PL		3. Mailing Address 4420 NW 14th PL			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Gainesville FL		City & State Gainesville, FL		4. FEI Number 59-2921219	
Zip 32605		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, JAMES L. 5101 JIM REDMAN PKWY PLANT CITY, FL 33566		7. Name and Address of New Registered Agent Name Stephanie Simmons West Street Address (P.O. Box Number is Not Acceptable) 4420 NW 14th PL City Gainesville FL Zip Code 32605			
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 Stephanie Simmons West DATE 4-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMMONS, JAMES L. 5101 JIM REDMAN PKWY PLANT CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Palmer Simmons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3410 MILLER AVE LAKE PLACID, FL 33852		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SIMMONS, INEZ 5101 JIM REDMAN PKWY PLANT CITY, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wayne Simmons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 Hwy 29 South LA Belle, FL 33935		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stephanie Simmons West <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4420 NW 14th PL GAINESVILLE, FL 32605		
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		
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 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: Stephanie Simmons West Stephanie Simmons West 4-23-07 352-392-9570 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date Daytime Phone #</small>					