

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90315 019 \*\*\*158.75

**DOCUMENT # K77598**

1. Entity Name

SIMMONS AND HARRIS, INC.



Principal Place of Business

9781 SOUTHWEST 130TH STREET  
MIAMI FL 33176

Mailing Address

P.O. BOX 571151  
MIAMI FL 33257-1151

2. Principal Place of Business

9841 Southwest 148 Terrace

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip  
33176

Country  
USA

Zip

Country

4. FEI Number

59-2455684

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

JONES, CHARLES L.  
9900 SW 168TH STREET  
SUITE 9  
MIAMI FL 33157

7. Name and Address of New Registered Agent

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, 2006 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

TITLE DP ☐ Delete  
NAME HARRIS, NATHANIEL  
STREET ADDRESS 9781 SW 130TH ST.  
CITY-ST-ZIP MIAMI FL

TITLE DV ☐ Delete  
NAME HARRIS, FREDDIE L.  
STREET ADDRESS 8784 SW 177TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE DT ☐ Delete  
NAME SIMMONS, JOHN E.  
STREET ADDRESS 8825 SW 177TH TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE S ☐ Delete  
NAME SIMMONS, RUTHIE  
STREET ADDRESS 8825 SW 177 TERRACE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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 exemptions contained in Section 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: *John E. Simmons* John E. Simmons

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/06

Date

305-238-7680

Daytime Phone #