


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90062 046 ***150.00

DOCUMENT # P00000006136	
1. Entity Name HARVEY AND DIANE SIMON, INC.	

Principal Place of Business 201 BAYVIEW DR STREET SAFETY HARBOR FL 34695	Mailing Address 201 BAYVIEW DR STREET SAFETY HARBOR FL 34695
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2. Principal Place of Business 201 BAYVIEW STREET	3. Mailing Address 201 BAYVIEW STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State SAFETY HARBOR, FL	City & State SAFETY HARBOR, FL
Zip 34695	Country USA
Zip 34695	Country USA

4. FEI Number 59-3621995	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SMITHER, JOHN K 120 EAST STATE STREET SUITE 105B OLDSMAR FL 34677		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
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Harvey Simon</i>	3/27/05 727-743-4529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #