

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2004 8:00 am
Secretary of State**

04-09-2004 90025 042 ***150.00

DOCUMENT # P0000084307

1. Entity Name
SIMON & ASSOCIATES, INC.



Principal Place of Business
**2433 BRAZILIA DR., #9
CLEARWATER, FL 33763**

Mailing Address
**2433 BRAZILIA DR., #9
CLEARWATER, FL 33763**

66413700



03212004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1044989

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEVY, DAVID L
10225 ULMERTON RD., BLDG. 9C
LARGO, FL 33771**

**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 renewing.)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMON, LEONARD
STREET ADDRESS	2433 BRAZILIA DR., #9
CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE	S
NAME	SIMON, JOYCE
STREET ADDRESS	2433 BRAZILIA DRIVE #9
CITY-ST-ZIP	CLEARWATER, FL 33763
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 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: Leonard Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/04 727638-7840
Date Daytime Phone #