


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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


04-21-2004 90076 016 ***150.00

DOCUMENT # P00000090644	
1. Entity Name SIMON'S TRANSPORTATION, INC.	

Principal Place of Business 9555 TURKEY OAK BEND ORLANDO FL 32817	Mailing Address 9555 TURKEY OAK BEND ORLANDO FL 32817
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2. Principal Place of Business 10072 MARSH PIKE CIR Suite, Apt. #, etc.	3. Mailing Address 10072 MARSH PIKE CIR Suite, Apt. #, etc.
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City & State ORLANDO	City & State ORLANDO
Zip FL	Country 32832
Zip FL	Country 32832

	
4. FEI Number 59-3672694	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNARDO, SANDRA J 9555 TURKEY OAK BEND ORLANDO FL 32817	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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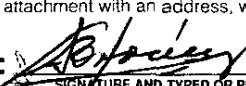
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P	NAME BERNARDO, SANDRA	TITLE P	NAME BERNARDO, SANDRA
STREET ADDRESS 9555 TURKEY OAK BEND	CITY-ST-ZIP ORLANDO FL 32817	STREET ADDRESS 10072 MARSH PIKE CIR	CITY-ST-ZIP ORLANDO FL 32832
TITLE VP	NAME SIMONEAU, JOSE I	TITLE VP	NAME SIMONEAU, JOSE I
STREET ADDRESS 9555 TURKEY OAK BEND	CITY-ST-ZIP ORLANDO FL 32817	STREET ADDRESS 10072 MARSH PIKE CIR	CITY-ST-ZIP ORLANDO, FL 32832
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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:  SANDRA BERNARDO **04/16/2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #