

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000090644

1. Entity Name

SIMON'S TRANSPORTATION, INC.



Principal Place of Business:

10072 MARSH PINE CIR. C13  
ORLANDO, FL 32832

Mailing Address

10072 MARSH PINE CIR  
ORLANDO, FL 32832

**FILED**  
**Jul 13, 2006 08:00 AM**  
**Secretary of State**



07082006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3672694

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

BERNARDO, SANDRA J  
10072 MARSH PINE CIR  
ORLANDO, FL 32832

07/13/06  
10072 MARSH PINE CIR  
ORLANDO, FL 32832

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BERNARDO, SANDRA  
STREET ADDRESS 10072 MARSH PINE CIR  
CITY-ST-ZIP ORLANDO, FL 32832

TITLE VP  
NAME SIMONEAU, JOSE I  
STREET ADDRESS 10072 MARSH PINE CIR  
CITY-ST-ZIP ORLANDO, FL 32832

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/08/06

Date

Daytime Phone #