

FILED**May 04, 2006 8:00 am**
Secretary of State

05-04-2006 90246 001 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****DOCUMENT # P00000113963**1. Entity Name
SIMPKINS REPORTING, INC.Principal Place of Business
**1124 BUCKBEAN BRANCH LANE EAST
JACKSONVILLE, FL 32259**Mailing Address
**1124 BUCKBEAN BRANCH LANE EAST
JACKSONVILLE, FL 32259****50018500**2. Principal Place of Business
1208 Edgewater Dr.
Suite, Apt. #, etc.3. Mailing Address
1208 Edgewater Dr.
Suite, Apt. #, etc.

03202006 Chg-P CR2E034 (11/05)

City & State
Jacksonville, FL
Zip
32259 CountryCity & State
Jacksonville, FL
Zip
32259 Country4. FEI Number
59-3686247Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****SIMPKINS, MELANIE
1124 BUCKBEAN BRANCH LANE EAST
JACKSONVILLE, FL 32259****7. Name and Address of New Registered Agent**Name **Melanie Simpkins**Street Address (P.O. Box Number is Not Acceptable)
1208 Edgewater Dr.City **Jacksonville** **FL** Zip Code **32259**

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**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
SIMPKINS, MELANIE
1124 BUCKBEAN BRANCH LANE EAST
JACKSONVILLE, FL 32259** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
Melanie Simpkins
1208 Edgewater Dr.
Jacksonville, FL 32259** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

4/24/06