

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

**DOCUMENT # P01000031945**

1. Entity Name  
**SIMPSON FINANCIAL SERVICES, INC.**



Principal Place of Business  
**11459 CLEAR CREEK PL.  
BOCA RATON, FL 33428**

Mailing Address  
**11459 CLEAR CREEK PL.  
BOCA RATON, FL 33428**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1092730**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SIMPSON, CURTIS B  
11459 CLEAR CREEK PL.  
BOCA RATON, FL 33428**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its 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.

(NOT)

Agent signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMPSON, CURTIS B  
11459 CLEAR CREEK PL.  
BOCA RATON, FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMPSON, RHONDA L  
11459 CLEAR CREEK PL.  
BOCA RATON, FL 33428**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my signature of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

ons contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am an officer or director of the corporation as provided in Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/10/06**  
**561 451 0923**