

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2007 8:00 am
Secretary of State

08-02-2007 90011 019 ***150.00

DOCUMENT # P01000054386

1. Entity Name
ELAINE SIMON, P.A.



Principal Place of Business
**2445 PIGEON CAY
WEST PALM BEACH, FL 33411**

Mailing Address
**2445 PIGEON CAY
WEST PALM BEACH, FL 33411**



07152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1110912	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

**SIMON, ELAINE
2445 PIGEON CAY
WEST PALM BEACH, FL 33401**

**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 14, 2007**

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	PP SIMON, ELAINE 2445 PIGEON CAY WEST PALM BEACH, FL 33401
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE 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: Elaine Simon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 16, 2007

Date

561 389-6530
Daytime Phone #

July 27, 2007

ATTACHMENT

40127882

#P01000654386

Dear Madam or Sir,

I never received a car in the mail
re: 2007 for Profit Annual Report.

Please waive the late fee of \$400.00

Enclosed is my check for \$150.00 for
the annual fee,

Call me if you have any questions.

(61) 589-6530

Elaine Fren