

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000074295

FILED
Jan 18, 2006
Secretary of State

Entity Name: BRENT E. SIMON, P.A.

Current Principal Place of Business:

5945 FLORIDA AVENUE
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

P.O. BOX 873
NEW PORT RICHEY, FL 346560873 US

Current Mailing Address:

5945 FLORIDA AVENUE
NEW PORT RICHEY, FL 34652

New Mailing Address:

P.O. BOX 873
NEW PORT RICHEY, FL 346560873 US

FEI Number: 59-3734041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, BRENT E
6035 OLEANDER AVE.
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SIMON, BRENT E
Address: 6035 OLEANDER AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: ST () Delete
Name: SIMON, LISA
Address: 6035 OLEANDER AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA M. SIMON

ST

01/18/2006

Electronic Signature of Signing Officer or Director

Date