

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000088425

Entity Name: SIMOR CORPORATION

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 32-0070629

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WRIGHT, CHRISTINE F  
4427 SE 16TH PLACE, #2  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

WRIGHT, CHRISTINE F  
2735 SANTA BARBARA BLVD., SUITE 201  
CAPE CORAL, FL 33914 US

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

02/19/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WRIGHT, CHRISTINE F  
Address: 2735 SANTA BARBARA BLVD., SUITE 201  
City-St-Zip: CAPE CORAL, FL 33914

Title: D  
Name: MAYR-HOEFFNER, INGELORE  
Address: 2735 SANTA BARBARA BLVD., SUITE 201  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: INGELORE MAYR-HOEFFNER

D

02/19/2011

Electronic Signature of Signing Officer or Director

Date