

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000001691

1. Entity Name  
SIMMONS MANAGEMENT SERVICES, INC.



Principal Place of Business  
14025 RIVEREDGE DR, SUITE 550  
TAMPA, FL 33637

Mailing Address  
14025 RIVEREDGE DR, SUITE 550  
TAMPA, FL 33637



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3760873

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fees Required

6. Name and Address of Current Registered Agent

GIORDANO, JOHN N  
220 S FRANKLIN ST  
TAMPA, FL 33602

**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 \$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	DP
NAME	SIMMONS, LINDA O
STREET ADDRESS	14025 RIVEREDGE DR., 550
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	VSTD
NAME	WEBSTER, MALINDA M
STREET ADDRESS	13015 ST. FILAGREE DR.
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VD
NAME	ZEVALLOS, CESAR A
STREET ADDRESS	14025 RIVEREDGE DR., SUITE 550
CITY-ST-ZIP	TAMPA, FL 33637
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000496896  
04/22/06-80030-020 158.75

**DO NOT WRITE  
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: *Linda O. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/06

813-632-5550

Date

Daytime Phone #