

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000003265

1. Entity Name
SIMPLIFIED COMPONENTS, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90454 024 ***150.00

40031000



04262007 Chg-P CR2E034 (12/06)

Principal Place of Business Mailing Address

7948 OLD POLK CITY RD.
LAKLAND, FL 33809
P.O. BOX 92555
LAKELAND, FL 3384-555

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Lakeland

City & State

Zip Country

Zip 33804-2555 Country

4. FEI Number
26-0031686

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STAMBAUGH, ROBERT J
99 6TH ST. SW
WINTER HAVEN, FL 33880-7900

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|---------------------------------|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HARRIS, DAVID W 7948 OLD POLK CITY RD LAKELAND, FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPST HARRIS, DEBORAH 7948 OLD POLK CITY RD LAKELAND, FL 33809 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Deborah Stalis* *Deborah Harris* 4/27/07 (863) 853-3920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #