

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90055 006 ***150.00

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1. Entity Name

SIMMONS CONSTRUCTION AND FRAMING INC.



Principal Place of Business

333 CHERIE CT NW
FORT WALTON BEACH FL 32548

Mailing Address

333 CHERIE CT NW
FORT WALTON BEACH FL 32548

2. Principal Place of Business

1005 GLORIA AVENUE

3. Mailing Address

1005 GLORIA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT WALTON BEACH FL

City & State

FORT WALTON BEACH FL

Zip

32547

Country

OKALOOSA

Zip

32547

Country

OKALOOSA

6. Name and Address of Current Registered Agent

FANELLA, NICHOLAS R.
434 TANGLEWOOD DR.
FT. WALTON BCH FL 32547

7. Name and Address of New Registered Agent

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, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P
NAME SIMMONS, LEONARD
STREET ADDRESS 333 CHERIE CT NW
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE V
NAME GARY, NICHOLAS L
STREET ADDRESS 112 MERILE CIRCLE
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE V
NAME HIGHSMITH, CHESTER C JR
STREET ADDRESS 415 MARLOWE DR.
CITY-ST-ZIP FT. WALTON BEACH FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1005 GLORIA AVENUE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/04 850-243-7334