

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90234 034 \*\*\*150.00

**DOCUMENT # P02000011416**

**1. Entity Name**

**SIMMONS CONSTRUCTION AND FRAMING INC.**



**Principal Place of Business**

**19 JAMES DR.  
SHALIMAR FL 32579**

**Mailing Address**

**19 JAMES DR.  
SHALIMAR FL 32579**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**03-0381360**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

**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, 2005 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**

|                        |                                   |  |
|------------------------|-----------------------------------|--|
| <b>TITLE</b>           | <b>P</b>                          | <input type="checkbox"/> Delete            |
| <b>NAME</b>            | <b>SIMMONS, LEONARD</b>           |  |
| <b>STREET ADDRESS</b>  | <b>1005 GLORIA AVENUE</b>         |  |
| <b>CITY - ST - ZIP</b> | <b>FORT WALTON BEACH FL 32547</b> |  |
| <b>TITLE</b>           | <b>V</b>                          | <input type="checkbox"/> Delete            |
| <b>NAME</b>            | <b>GARY, NICHOLAS L</b>           |  |
| <b>STREET ADDRESS</b>  | <b>112 MERILE CIRCLE</b>          |  |
| <b>CITY - ST - ZIP</b> | <b>FT. WALTON BEACH FL 32547</b>  |  |
| <b>TITLE</b>           | <b>V</b>                          | <input checked="" type="checkbox"/> Delete |
| <b>NAME</b>            | <b>SPARKS, MICHAEL W ASST</b>     |  |
| <b>STREET ADDRESS</b>  | <b>19 JAMES DR.</b>               |  |
| <b>CITY - ST - ZIP</b> | <b>SHALIMAR FL 32579</b>          |  |
| <b>TITLE</b>           |                                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>            |                                   |  |
| <b>STREET ADDRESS</b>  |                                   |  |
| <b>CITY - ST - ZIP</b> |                                   |  |
| <b>TITLE</b>           |                                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>            |                                   |  |
| <b>STREET ADDRESS</b>  |                                   |  |
| <b>CITY - ST - ZIP</b> |                                   |  |
| <b>TITLE</b>           |                                   | <input type="checkbox"/> Delete            |
| <b>NAME</b>            |                                   |  |
| <b>STREET ADDRESS</b>  |                                   |  |
| <b>CITY - ST - ZIP</b> |                                   |  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                        |  |
|------------------------|--|
| <b>TITLE</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  | <b>19 James Drive</b>  |
| <b>CITY - ST - ZIP</b> | <b>Shalimar, FL 32579</b>  |
| <b>TITLE</b>           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  | <b>19 James Drive</b>  |
| <b>CITY - ST - ZIP</b> | <b>Shalimar FL 32579</b>   |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |
| <b>TITLE</b>           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>NAME</b>            |  |
| <b>STREET ADDRESS</b>  |  |
| <b>CITY - ST - ZIP</b> |  |

**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 all other like empowered.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/05**

**850-651-7981**

Date

Daytime Phone #