

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90019 034 ***150.00

DOCUMENT # P02000018159 1. Entity Name RENTAL HOMES BY SIMMONS, INC.					
Principal Place of Business 317 BLUE STONE CIR. WINTER GARDEN, FL 34787			Mailing Address 200 E. ROBINSON ST., STE. 500 ORLANDO, FL 32801		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 20 N. ORANGE AVE. SUITE 407 Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 37-1420718		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite 407 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 <u><i>James F. Simmons 2/13/04</i></u> DATE _____ Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	VSD SIMMONS, BRENDA L 317 BLUE STONE CIR. WINTER GARDEN, FL 34787		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMONS, JAMES F 317 BLUE STONE CIR. WINTER GARDEN, FL 34787		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u><i>James F. Simmons</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u><i>James F. Simmons</i></u> Signature		
<u><i>16 FEB 04</i></u> Date			<u><i>407 656 9016</i></u> Daytime Phone #		