


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000037244 1. Entity Name SIMONS WINEBAR, INC.	
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Principal Place of Business 1004 HENDRICKS AVENUE JACKSONVILLE, FL 32207	Mailing Address 1004 HENDRICKS AVENUE JACKSONVILLE, FL 32207
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DO NOT WRITE IN THIS SPACE



06142006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0683560	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PETT, MARTIN A
1004 HENDRICKS AVENUE
JACKSONVILLE, FL 32207**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PETT, MICHELLE D 12100 DIVIDING OAKS TRAIL WEST JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PETT, MARTIN H 12100 DIVIDING OAKS TRAIL WEST JACKSONVILLE, FL 32233
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08/28/06-80001-003 150.00

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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:  **8/24/06** **904-396-8088**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #