

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000059543

Entity Name: AARON SIMQUE HOMES, INC.

FILED  
Jun 10, 2004  
Secretary of State

## Current Principal Place of Business:

ROUTE 9 BOX 785-33  
LAKE CITY, FL 32024

## New Principal Place of Business:

## Current Mailing Address:

ROUTE 9 BOX 785-33  
LAKE CITY, FL 32024

## New Mailing Address:

P.O. BOX 2183  
LAKE CITY, FL 32056

FEI Number: 30-0084607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMQUE, AARON  
ROUTE 9 BOX 785-33  
LAKE CITY, FL 32024

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIMQUE, AARON  
Address: ROUTE 9 BOX 785-33  
City-St-Zip: LAKE CITY, FL 32024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: STEELE, BRANDON  
Address: P.O. BOX 2183  
City-St-Zip: LAKE CITY, FL 32056

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRANDON STEELE

T

06/10/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date