

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000118368

1. Entity Name

HANDI-SIM, INC.



Principal Place of Business

3864 SHERIDAN STREET
HOOLYWOOD FL 33021

Mailing Address

3864 SHERIDAN STREET
HOOLYWOOD FL 33021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip

Country

Zip

Country

4. FEI Number

22-3886631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMONS, JEROME A
3864 SHERIDAN STREET
HOOLYWOOD FL 33021

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, 2007 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 | PD | <input type="checkbox"/> Delete |
| NAME | SIMONS, JEROME A | |
| STREET ADDRESS | 3864 SHERIDAN STREET | |
| CITY-STATE-ZIP | HOOLYWOOD FL 33021 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | SIMONS, DAVID J | |
| STREET ADDRESS | 3864 SHERIDAN STREET | |
| CITY-STATE-ZIP | HOOLYWOOD FL 33021 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | TSD | <input type="checkbox"/> Delete |
| NAME | SIMONS, BARBARA M | |
| STREET ADDRESS | 3864 SHERIDAN STREET | |
| CITY-STATE-ZIP | HOOLYWOOD FL 33021 | |

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | VAT | <input type="checkbox"/> Delete |
| NAME | SIMONS, BARBARA A. | |
| STREET ADDRESS | 3864 SHERIDAN STREET | |
| CITY-STATE-ZIP | HOOLYWOOD FL 33021 | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | U000000638135 | |
| STREET ADDRESS | 02/27/07-80020-013 150.00 | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-07 954 963-2225