


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90977 040 ***150.00

DOCUMENT # P03000013497

1. Entity Name
CRESSELL SIMMONS GROUP, INC.



Principal Place of Business 515 N. SHORE DRIVE SARASOTA, FL 34234	Mailing Address 515 N. SHORE DRIVE SARASOTA, FL 34234
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2. Principal Place of Business <i>712 S. Orleans Ave.</i>	3. Mailing Address <i>712 S. Orleans Ave.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa, FL</i>	City & State <i>Tampa, FL</i>
Zip <i>33606</i>	Zip <i>33606</i>
Country <i>USA</i>	Country <i>USA</i>



04292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3765816	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPTON, JOHN M
1819 MAIN ST., SUITE 610
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name *F + L CORP.*

Street Address (P.O. Box Number is Not Acceptable)
ONE INDEPENDENT DRIVE, SUITE 1300

City *JACKSONVILLE* FL Zip Code *32202*

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 *Randolph J. Wolfe* **RANDOLPH J. WOLFE, Vice President** *4/29/05*

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESSELL, KIMBERLY D 515 N. SHORE DRIVE SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JESSICA M 515 N. SHORE DRIVE SARASOTA, FL 34234 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ms. (President & CEO)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Kimberly D. Cressell 712 S. Orleans Ave. Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ms. (Executive Vice President)</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jessica M. Simmons 712 S. Orleans Ave. Tampa, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kimberly D. Cressell* *4/29/05 813-857-6526*