

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000013497

FILED
Mar 27, 2007
Secretary of State

Entity Name: CRESSELL SIMMONS GROUP, INC.

Current Principal Place of Business:

515 N. SHORE DRIVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

515 N. SHORE DRIVE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-3765816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

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: PCEO () Delete
Name: CRESSELL, KIMBERLY D
Address: 515 N. SHORE DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: VP () Delete
Name: SIMMONS, JESSICA M
Address: 515 N. SHORE DRIVE
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CRESSELL, KIMBERLY D
Address: 515 N. SHORE DRIVE
City-St-Zip: SARASOTA, FL 34234

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: KIMBERLY DIANE CRESSELL

PRES

03/27/2007

Electronic Signature of Signing Officer or Director

_____ Date