

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90081 047 \*\*\*150.00

<b>DOCUMENT # P03000035525</b> 1. Entity Name <b>RENEE' V. SIMPSON, P.A.</b>			
Principal Place of Business <b>1584 CROSSING CIRCLE PALM CITY FL 34990</b>		Mailing Address <b>1584 CROSSING CIRCLE PALM CITY FL 34990</b>	
2. Principal Place of Business <b>1299 SW Ibis ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>1299 SW Ibis ST</b> Suite, Apt. #, etc.	
City & State <b>Palm City - FL</b>		City & State <b>Palm City FL</b>	
Zip <b>34990</b>	Country <b>USA</b>	Zip <b>34990</b>	Country <b>USA</b>
4. FEI Number <b>41 208 7973</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SIMPSON, RENEE' V 1584 CROSSING CIRCLE PALM CITY FL 34990</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) <b>1299 SW Ibis ST</b> <b>Palm City</b> City <b>FL</b> Zip Code <b>34990</b>	
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: <u><i>Renee V Simpson PA</i></u> <span style="float: right;">1-26-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SIMPSON, RENEE' V</b> <b>1584 CROSSING CIRCLE</b> <b>PALM CITY FL 34990</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Renee V Simpson</b> <b>1299 SW Ibis ST</b> <b>Palm City FL 3499</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Renee V Simpson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-26-04</u> Daytime Phone # <u>772-221-9890</u>	