2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

Selection Company administration of States Selection Company and States Selection Compa	1. Entity Name RENEE' V. SIMPSON, P.A.	: 0			01-30-2	•	47 ***1 50.00
PALM CITY FL 34990 PALM CITY FL 34990 PALM CITY FL 34990 2. Proceed Proce of Sucineses 2. Procedul Proce of Sucineses 3. Marine And Afford Sun Procedulary 4. Sun Procedulary 4. Sun Procedulary 5. Control Pr	\ 	Mailing Address		\dashv			
2. Procipied Piece of Business 2. P. G. D. Tollis S.T. Suith, Act F. red. Suith, Act F. r							
299 Suit To is ST 299 Suit To is ST 299 Suit To is Still MOORE CREEGE (11/03) Applied for Mon Applied for	<u> </u>						
City A State Country C	1299 Swi Ilbis ST	1299 SW I	bis ST				
The above regular youthmits this sistemarks permy purpose of changing lis registered office or registered agent. SIMPSON, RENEE V. 1584 CROSSING CIRCLE PALM CITY FL 34990 8. The above regular youthmits this sistemarks permy purpose of changing lis registered office or registered agent. or both, in the State of Horizon. I make the production of the control of the	Suite, Apt. #, etc.				MOORE	CR2E03	14 (11/03)
S. Heno and Address of Current) Registered Agent S. Heno and Address of Current) Registered Agent 7. Name and Address of New Registered Agent SIMPSON, RENSEY 1584 CROSSING CIRCLE PALM CITY FL 34990 And The above registered agent, or both, in the State of Piocas, I am femiliar with, and accept the state of Piocas, I am femiliar with, and accept the piocas, I am femiliar with, and accep	Halm City - FL	Jalm Cely	76	4	FEI Number	7973	Not Applicable
SIMPSON, RENIEF V SIRE ACCOSSING CIRCLE PALM CITY FL 34990 8. The above regarderilly submits this statement perhaps purpose of changing its registered differe or registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent. SIGNATURE: The above regarderilly submits this statement perhaps purpose of changing its registered differe or registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent. The above registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of registered agent, or both, in the State of Honds, I am lemitar with, and accept the obligations of Park Park May 1, 2004 [Feel 2004] FILE NOW The I am lemitar with, and accept the obligation of Park Park May 1, 2004 [Feel 2004] FILE NOW The I am lemitar with, and accept the park May 1, 2004 [Feel 2004] FILE NOW The I am lemitar with a state of Honds, I am lemitar with, and accept the park May 1, 2004 [Feel 2004] FILE NOW The I am lemitar with a state of Honds, I am lemitar with, and accept the park May 1, 2004 [Feel 2004] FILE NOW The I am lemitar with a state of Honds, I am lemitar with a state of Ho	34990 Country	2º 34990 1	a	. 5	. Certificate of Status D	esired	
SIMPSON, RENEE' V 1584 CROSSING CIRCLE PALM CITY FL 34990 2. The above regulated rule years the statement better purpose of changing its registered agent. City FL 207930 99.0 2. The above regulated by submits this statement better purpose of changing its registered agent, or both, in the State of Florida. I am femiliar with and accept the chipage is of registered agent. 2. CITY STATURE Separate rules to mind rene of registered agent. 2. CITY STATURE Separate rules to mind rene of registered agent. 3. CITY STATURE Separate rules to mind rene of registered agent. 3. CITY STATURE Separate rules to mind rene of registered agent. 3. CITY STATURE Separate rules to mind rene of registered agent. 3. CITY STATURE Separate rules to mind rene of registered agent. 3. CITY STATURE SEPARATE RULES STATURE request when remaining to the statute of Florida. I am femiliar with and accept to the stature rule of the stature request when remaining to the stature of the stature rules agent agen	<u> </u>	Registered Agent		7.	Name and Address o	1 New Registere	d Agent
1584 CROSSING CIRCLE PALM CITY FL 34990 B. The above regulared prilip submits this sustering to prime purpose of changing its registered office or registered agent, or both, in the State of Florida. It an familiar with, and accept the obligations of registered agent. SIGNATURE SIGN	SIMPSON RENEE! V	سورت وهای دیک میدنشده	. Name		-		
B. The above regular grilly submits this statement for purpose of changing its registered diffice or registered agent, or both, in the State of Fords. I ren familiar with, and accept the obligations of registered agent. Comment to be compared agent of the state of Fords. I ren familiar with, and accept the obligation of registered agent.	1584 CROSSING CIRCLE	ەن ىيىن ئاتىمى ن ئاتتە م ىنىپ ئانىڭىن ىن. موم <u>ىن ئاتىنىن</u>	Street Addr	ess (P.O	Box Number is Not Ac	ceptable 5 T	
a. The above nagged gnity submits this statement (porting purpose of changing its registered diffice or registered agent, or both, in the State of Fronda. I am familiar with, and accept the obligations of registered agent. Commission of registered agent. Commission of the comm	PALM CITY FL 34990		Balm	` (titu		
The collegatifies of reflective degree agent. Collegatifies of reflective degree and set is applicated by a granted carry of repositive red grant and set is applicated. Collegative redgree and set is a limited. Collegative redgree and set is a			City			F	L Zipsod 99c
SIGNATURE Signals habe to small name of inquired agont and life Applications (ACTE Registers Agent signature resourced when resistancy) FILE NOW!!!! FEE IS \$150.00 (S) File And Registers (Agent signature resourced when resistancy) B. Election Compaign Financing (S.5.00 May) Be Added to Face State (Agent Registers Registe	8. The above named entity submits this statement to	rthe purpose of changing its regi	istered office or reg	jistered :	agent, or both, in the Sta	ate of Florida. I ar	n familiar with, and accept
SIGNATURE Separate typic or protection of required span and the it approaches [International Separate typic or protection of the protect	the obligations of registered agent.	Si (90			1-7	26-04
Section Sect		and title it applicable. (NOTE: Re;	pistered Agent signature re	equired whe	n reinstablig)		
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of	SAN			Trust Fund Co	entribution.	Added to Fees
SIMPSON, RENEET V SIRET ADDRESS IT 584 CROSSING CIRCLE PALM CITY FL 34990 THE IMAE SIRET ADDRESS CITY-S1-2P THE IMAE SIRET ADDRESS CITY-S1-2P THE MAKE SIRET ADDRES			15. 17	~			
CITY-S1-2P PALM CITY FL 34990 CITY-S1-2P PALM CITY FL 34990 CITY-S1-2P Change Addition Additi	NAME SIMPSON, RENEE'V	_ oues	NAME		•	ı	
TITLE Delate TITLE Delate TITLE Delate Delate		•		\sim		315 3 1 F1	3499
STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete Delete TITLE Delete	TITLE	☐ Delete	TITLE				☐ Change ☐ Addition
CITY-ST-ZP ITILE Delate TITLE Change Addition MAKE STREET ADDRESS CITY-ST-ZP TITLE Delate TITLE MAKE MAKE STREET ADDRESS CITY-ST-ZP TITLE Delate TITLE MAKE STREET ADDRESS CITY-ST-ZP TITLE Delate MAKE M	, ·· -		· · · · · · · · · · · · · · · · · · ·				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete Delete TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete Del	1		1				
STREET ADDRESS CITY- ST- 2IP TITLE Delete TITLE	I	☐ Delete		·			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TITLE Change Addition Addition NAME STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP TO ADDRESS CITY-ST-ZPP TO ADRESS CITY-ST-ZPP TO AD	1						
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TO beide TITLE NAME STREET ADDRESS CITY-ST-ZP TO beide TITLE NAME STREET ADDRESS CITY-ST-ZP TO beide NAME NAME STREET ADDRESS CITY-ST-ZP TO beide NAME NAME NAME STREET ADDRESS CITY-ST-ZP TO beide NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZP TO beide NAME NAME NAME NAME NAME NAME NAME NAME	CITY-ST-ZIP		CITY-ST-ZIP				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Detete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Detete TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 fike empowered. SIGNATURE:	i !	Collete					Change . Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it 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:	STREET ADDRESS	'	STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:		D.B.			<u> </u>		Channe D Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it 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:	1	LJ Delete	L				C Custude T vocation
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 it 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:			I .				
NAME STREET ADDRESS CITY-ST-ZIP 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:	[Delete					Change Addition
CITY-ST-ZIP 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 it 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:	! !		1	•			
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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: Compared to the corporation of the receiver or trustee empowered. Compared to the receiver of the corporation of		J					
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: 1-26 of 100 as a 200 a	indicated on this report or supplemental report is	s true and accurate and that my s	ignature shall have	the san	ne legal effect as it mad	e under oath; that	t I am an officer or director
SIGNATURE: Kenney Duy 1-26 04 122 again	changed, or on an attachment with an address,	with all other like empowered.	reduited by Chapte	я О U/, Fi			•
SIGNATURIE AND TYPED OR PRINTED MAME OF SIGNING OFFICE/AGR DIRECTOR Date Davine Proce #		Nous	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>	1-2	604	122 9890