

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90310 045 ***150.00

DOCUMENT # P03000060451

1. Entity Name
SIMMONS EXCAVATION INC.



Principal Place of Business
**8663 STATE HWY. 83 N.
DEFUNIAK SPGS, FL 32433**

Mailing Address
**8663 STATE HWY. 83 N.
DEFUNIAK SPGS, FL 32433**

50036906



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
03-0490762

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMMONS, PHILEMON A JR.
8663 STATE 83 N
DEFUNIAK SPGS, FL 32433**

7. Name and Address of New Registered Agent

Name
SIMMONS, BRENDA
Street Address (P.O. Box Number is Not Acceptable)
8663 STATE HWY 83 N
City **DEFUNIAK SPG** **FL** Zip Code **32433**

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, 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 **P** ☒ Delete
NAME **SIMMONS, BILLY**
STREET ADDRESS **1245 STATE HWY 2 W**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **CEO** ☒ Delete
NAME **SIMMONS, BUCH**
STREET ADDRESS **8663 STATE HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

TITLE **VP** ☐ Delete
NAME **DRAKE, DONNIE**
STREET ADDRESS **8663 STATE HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

TITLE **TREA** ☐ Delete
NAME **SIMMONS, BRENDA**
STREET ADDRESS **8663 STATE HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPRINGS, FL 32433**

TITLE **VP** ☐ Delete
NAME **NELSON, CHAD**
STREET ADDRESS **248 Vann Rd.**
CITY-ST-ZIP **DEFUNIAK SPGS, FL 324**

TITLE **VP** ☐ Delete
NAME **McINTOSH, RAYMOND**
STREET ADDRESS **8663 STATE HWY 83 N**
CITY-ST-ZIP **DEFUNIAK SPGS, FL 32433**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-05 (850) 859 2435