


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90315 021 ***150.00

DOCUMENT # P03000104916
1. Entity Name
KSIMEL PUBLISHING, INC.




Principal Place of Business
22266 ALCORN AVE
PORT CHARLOTTE, FL 33952-1907

Mailing Address
22266 ALCORN AVE
PORT CHARLOTTE, FL 33952-1907

DO NOT WRITE IN THIS SPACE

50043030



04142005 No Chg-P CR2E034 (10/03)

4. FEI Number 13-4267632	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, ANTHONY LEE
22266 ALCORN AVE
PORT CHARLOTTE, FL 33952-1907

DO NOT WRITE IN THIS SPACE

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: ANTHONY LEE SIMPSON *Anthony Lee Simpson* 4/18/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing.) 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	PS SIMPSON, ANTHONY LEE 22266 ALCORN AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP SIMPSON, ELLEN 22266 ALCORN AVE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: ANTHONY LEE SIMPSON *Anthony Lee Simpson* 4/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #