

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90048 045 ***150.00

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1. Entity Name

SIMONE DEVELOPMENT & MANAGEMENT COMPANY

Principal Place of Business

3990 TAMPA ROAD
OLDSMAR FL 34677
US

Mailing Address

3990 TAMPA ROAD
OLDSMAR FL 34677
US

2. Principal Place of Business - No P.O. Box #

4052 TAMPA ROAD

Suite, Apt. #, etc.

3. Mailing Address

4052 TAMPA ROAD

Suite, Apt. #, etc.

City & State

OLDSMAR, FL 34677

Zip

Country

US

City & State

OLDSMAR, FL

Zip

34677

Country

US

4. FEI Number

56-2401180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

PRATESI, EMIL G
1253 PARK STREET
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
P.D
SIMONE, PAUL
~~3990 TAMPA ROAD~~ 4052 TAMPA ROAD
OLDSMAR FL 34677

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 #

1/22/07