


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90208 021 ***150.00

DOCUMENT # P03000110714						
1. Entity Name SIMPLY FLORIDA INVESTMENTS, INC.						
Principal Place of Business 435 PINE LAKE VIEW DRIVE DAVENPORT, FL 33837			Mailing Address 435 PINE LAKE VIEW DRIVE DAVENPORT, FL 33837			
2. Principal Place of Business		3. Mailing Address 8297 CHAMPIONSGATE BLVD				
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 503				
City & State		City & State CHAMPIONSGATE FL.		4. FEI Number 98-0381628		
Zip		Country 33896		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EVANS, RAYMOND H 435 PINE LAKE VIEW DRIVE DAVENPORT, FL 33837		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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VP	NAME EVANS, RAYMOND H		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 435 PINE LAKE VIEW DRIVE	CITY-ST-ZIP DAVENPORT, FL 33837			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE P	NAME EVANS, MATTHEW J		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 435 PINE LAKE VIEW DRIVE	CITY-ST-ZIP DAVENPORT, FL 33838			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE TREA	NAME EVANS, MARGARET J		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 435 PINE LAKE VIEW DRIVE	CITY-ST-ZIP DAVENPORT, FL 33837			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				Date <u>4/26/05</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						