

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000113764	
1. Entity Name SIMONE PROPERTIES, INC.	

Principal Place of Business 209 N.E. 5TH AVE OKEECHOBEE, FL 34972	Mailing Address 209 N.E. 5TH AVE OKEECHOBEE, FL 34972
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05252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0850065	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, MELTON 209 N.E. 5TH AVE OKEECHOBEE, FL 34972
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**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**558.75 FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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	PD GRANT, MELTON 209 N.E. 5TH AVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRANT, NYSOLA 209 N.E. 5TH AVE OKEECHOBEE, FL 34972
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/03/05-80003-019 558.75

**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 this 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

6-01-2005

Date

863-763-2231

Daytime Phone #