

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90178 035 ***150.00

DOCUMENT # P03000114191

1. Entity Name
SIMPLY CONSULTING, INC.



Principal Place of Business
**4764 FIRESIDE DR W
JACKSONVILLE, FL 32210**

Mailing Address
**P.O. BOX 17308
JACKSONVILLE, FL 32245**

50048016

2. Principal Place of Business

3. Mailing Address

4764 Fireside Dr W



Suite, Apt. #, etc.

Suite, Apt. #, etc.

05022005

Chg-P

CR2E034 (10/03)

City & State

City & State

Jax, FL

4. FEI Number

33-1072599

Applied For

Not Applicable

Zip

Country

Zip

32210

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAGEE, LAVONIA
4764 FIRESIDE DR W
JACKSONVILLE, FL 32210**

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 reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MAGEE, LAVONIA
STREET ADDRESS 4764 FIRESIDE DR W
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE VTD ☐ Delete
NAME MAGEE, DAVID
STREET ADDRESS 4764 FIRESIDE DR W
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE S ☐ Delete
NAME MAGEE, PORSHA
STREET ADDRESS 4764 FIRESIDE DR W
CITY-ST-ZIP JACKSONVILLE, FL 32210

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 #

(904) 887-2074