


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000115543</b>	
1. Entity Name <b>SIMONSON CONSTRUCTION INC</b>	

Principal Place of Business <b>904 WYOMING AVENUE LYNN HAVEN, FL 32444</b>	Mailing Address <b>904 WYOMING AVENUE LYNN HAVEN, FL 32444</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>83-0372761</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**SCOTT, MICHAEL A  
2583 HUNTCLIFF LANE  
PANAMA CITY, FL 32405**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>SIMONSON, MICHAEL P</b>
STREET ADDRESS <b>904 WYOMING</b>	
CITY - ST - ZIP <b>LYNN HAVEN, FL 32444</b>	
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**

U00000221883  
02/09/05-80050-015 150.00

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:**  **President** **2-4-05 (850) 258-3600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #