

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000116569

1. Entity Name
SIMONDS SIMPLE SOLUTIONS, INC.



Principal Place of Business

**103 OAK HAVEN CIRCLE
DELAND, FL 32720**

Mailing Address

**103 OAK HAVEN CIRCLE
DELAND, FL 32720**

DO NOT WRITE IN THIS SPACE



07072006 No Chg-P CR2E034 (11/05)

4. FEI Number
05-0591095

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SIMONDS, TRACY
103 OAK HAVEN CIRCLE
DELAND, FL 32720**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SIMONDS, TRACY
STREET ADDRESS	103 OAK HAVEN CIRCLE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	DST
NAME	SIMONDS, DEREK
STREET ADDRESS	103 OAK HAVEN CIRCLE
CITY-ST-ZIP	DELAND, FL 32720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000573721
08/07/06-80008-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

8/21/06

Date

Daytime Phone #