

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90085 028 ***150.00

DOCUMENT # P03000139368

1. Entity Name
SIMONS BROTHERS III, INC.



Principal Place of Business
**1553 SHARONHILL DRIVE
JACKSONVILLE, FL 32211 US**

Mailing Address
**1553 SHARONHILL DRIVE
JACKSONVILLE, FL 32211 US**

DO NOT WRITE IN THIS SPACE



04112005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0420194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SIMONS, JORGE A
1553 SHARONHILL DRIVE
JACKSONVILLE, FL 32211**

**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
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **SIMONS, JORGE A**
STREET ADDRESS **1553 SHARONHILL DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32211**

TITLE **VP**
NAME **SIMONS, SIMON**
STREET ADDRESS **8544 SANCHEZ RD.**
CITY-ST-ZIP **JACKSONVILLE, FL 32217**

TITLE **S-T**
NAME **ROSSI, MARTHA**
STREET ADDRESS **7429 CARRIAGE SIDE CT.**
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

Jorge A. Simons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 (904) 874-1683
Date Daytime Phone #