

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000142529

Entity Name: BOBBY SIMMONS, INC.

FILED
May 02, 2008
Secretary of State

Current Principal Place of Business:

122 2ND STREET
WINTER GARDEN, FL 34787

New Principal Place of Business:

307 BAY STREET
OCOOE, FL 34761

Current Mailing Address:

122 2ND STREET
WINTER GARDEN, FL 34787

New Mailing Address:

307 BAY STREET
OCOOE, FL 34761

FEI Number: 20-0450426

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, BOBBY
122 2ND STREET
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

SIMMONS, BOBBY
307 BAY STREET
OCOOE, FL 34761 US

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.

SIGNATURE: BOBBY SIMMONS

05/02/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SIMMONS, BOBBY JR
Address: 122 22ND STREET
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SIMMONS, BOBBY JR
Address: 307 BAY STREET
City-St-Zip: OCOOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY SIMMONS

P

05/02/2008

Electronic Signature of Signing Officer or Director

Date