

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90190 030 \*\*\*150.00

DOCUMENT # P03000143797

1. Entity Name

~~FRED C. BOLAND, INC.~~ Jan M. Simpson, Inc.



Principal Place of Business

9008 GLOVER CT  
TALLAHASSEE FL 32305

Mailing Address

9008 GLOVER CT  
TALLAHASSEE FL 32305

40079343 ✓



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

20-0461830

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARNES & JAMES, P.A.  
2629 BLAIR STONE RD.  
TALLAHASSEE FL 32301

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 \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P                    | <input checked="" type="checkbox"/> Delete |
| NAME           | BOLAND, FRED C       |  |
| STREET ADDRESS | 9008 GLOVER CT       |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32305 |  |
| TITLE          | V                    | <input checked="" type="checkbox"/> Delete |
| NAME           | SIMPSON, JAN         |  |
| STREET ADDRESS | 9008 GLOVER CT       |  |
| CITY-ST-ZIP    | TALLAHASSEE FL 32305 |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Delete            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                       |  |
|----------------|-----------------------|--|
| TITLE          | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Jan M. Simpson        |  |
| STREET ADDRESS | 9008 Glover Ct        |  |
| CITY-ST-ZIP    | Tallahassee, FL 32305 |  |
| TITLE          | V                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Fred C Boland         |  |
| STREET ADDRESS | 9008 Glover Ct        |  |
| CITY-ST-ZIP    | Tallahassee, FL 32305 |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |
| TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                       |  |
| STREET ADDRESS |                       |  |
| CITY-ST-ZIP    |                       |  |

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

Date

Daytime Phone #

4-23-06 251-7705