

**2007 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90074 049 ***150.00

DOCUMENT # P04000027891

1. Entity Name
SIMPLY FLORIDA PROPERTY MANAGEMENT INC.



Principal Place of Business ~~CHANG ADDRESS~~

~~435 PINE LAKE VIEW DRIVE~~
~~DAVENPORT, FL 33837~~

2212 TILLMAN AVE
WINTER GARDEN FL 34787

Mailing Address

8297 CHAMPIONSGATE BLVD
#503
CHAMPIONSGATE, FL 33896

DO NOT WRITE IN THIS SPACE



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number
98-0381628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~EVANS, RAYMOND H~~ **CHANGE ADDRESS**
~~435 PINE LAKE VIEW DRIVE~~ **2212 TILLMAN AVE**
~~DAVENPORT, FL 33837~~ **WINTER GARDEN**
FL 34787

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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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **EVANS, RAYMOND H**
STREET ADDRESS **2212 TILLMAN AVE**
CITY-ST-ZIP **WINTER GARDEN**
FL 34787

TITLE **VP**
NAME **EVANS, MARGARET J**
STREET ADDRESS **2212 TILLMAN AVE**
CITY-ST-ZIP **WINTER GARDEN**
FL 34787

TITLE **TREA**
NAME **EVANS, MATTHEW J**
STREET ADDRESS **2212 TILLMAN AVE**
CITY-ST-ZIP **WINTER GARDEN**
FL 34787

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 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: Margaret J Evans **MARGARET J EVANS**

APR 27 2007

863-223-2207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #