2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000057488

1. Entity Name
ELEANOR SIMON, P.A.

Principal Place of Business	Mailing Address
3370 BUCKINGHAMMOCK TR	~~PO BOX 3158~~ *P.o Box 643158*
VERO BEACH, FL 32960 US	VERO BEACH, FL 32964 US

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DO NOT WRITE IN THIS SPACE

04182008   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-1013067		Not Applicable

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

6. Name and Address of Current Registered Agent

SIMON, ELEANOR
3370 BUCKINGHAMMOCK TR
VERO BEACH, FL 32960

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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, 2008 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	SIMON, ELEANOR *P. O Box*
STREET ADDRESS	~~PO BOX 3158~~ *643158*
CITY-ST-ZIP	VERO BEACH, FL 32964
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Eleanor Simon_   4/21/08   772-559-8139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #