

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074827

FILED
Mar 10, 2006
Secretary of State

Entity Name: SIMON PETER PRESS, INC.

Current Principal Place of Business:

2245 TONIWOOD LANE
PALM HARBOR, FL 34685 US

New Principal Place of Business:

Current Mailing Address:

2245 TONIWOOD LANE
PALM HARBOR, FL 34685 US

New Mailing Address:

P.O. BOX 2187
OLDSMAR, FL 34677 US

FEI Number: 20-1179134

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BENKOVIC, ANTHONY J
Address: 2245 TONIWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685 US

Title: ST () Delete
Name: BENKOVIC, JOHNNETTE
Address: 2245 TONIWOOD LANE
City-St-Zip: PALM HARBOR, FL 34685 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY J BENKOVIC

PRES

03/10/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date