

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 037 ***150.00

DOCUMENT # P04000086467

1. Entity Name
SIMMONS HOMEBUILDERS OF N.W. FLORIDA, INC.



Principal Place of Business
941 W. HWY 20
FREEPORT, FL 32439 US

Mailing Address
941 W. HWY 20
FREEPORT, FL 32439 US

2. Principal Place of Business
309 Co Hwy 83 A
Suite, Apt. #, etc.

3. Mailing Address
309 Co Hwy 83 A
Suite, Apt. #, etc.



02162006 Chg-P CR2E034 (11/05)

City & State
FREEPORT, FL
Zip
32439 Country

City & State
FREEPORT, FL
Zip
32439 Country

4. FEI Number
20-1341671 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SIMMONS, CHARLIE
941 W. HWY 20
FREEPORT, FL 32439

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
309 Co Hwy 83 A
City
FREEPORT FL Zip Code
32439

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: *Charles W. Simmons* CHARLES W. SIMMONS PRESIDENT 3-15-06
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 D	<input type="checkbox"/> Delete
NAME	SIMMONS, CHARLIE	
STREET ADDRESS	941 W. HWY 20	
CITY-ST-ZIP	FREEPORT, FL 32439	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	309 Co Hwy 83 A	
CITY-ST-ZIP	FREEPORT FL 32439	
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		
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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 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: *Charles W. Simmons*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-06
Date Daytime Phone #