

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90029 022 ***150.00

DOCUMENT # P04000092670 1. Entity Name THOMAS D. SIMS III, P.A.			
Principal Place of Business 172 SUGAR SAND LANE SANTA ROSA BEACH, FL 32459-6468		Mailing Address 172 SUGAR SAND LANE SANTA ROSA BEACH, FL 32459-6468	
2. Principal Place of Business 555 CALLE ESCADA Suite, Apt. #, etc.		3. Mailing Address 555 CALLE ESCADA Suite, Apt. #, etc.	
City & State SANTA ROSA BEACH FL Zip Country 32459		City & State SANTA ROSA BEACH FL Zip Country 32459	
4. FEI Number 20-1281363		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAD CONGLETON CPA, INC. 50 UPTOWN GRAYTON CIRCLE 15 SANTA ROSA BEACH, FL FL		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS, THOMAS D III 172 SUGAR SAND LANE SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMS THOMAS D. III 555 CALLE ESCADA SANTA ROSA BEACH FL 32459	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date 05/03/06 Telephone 850 585 8466	