

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000092670		
1. Entity Name THOMAS D. SIMS III, P.A.		
Principal Place of Business 555 CALLE ESCADA SANTA ROSA BEACH, FL 32459	Mailing Address 555 CALLE ESCADA SANTA ROSA BEACH, FL 32459	

FILED
Sep 19, 2008 08:00 AM
Secretary of State



07212008 No Chg-P CR2E034 (11/05)

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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE	P
NAME	SIMS, THOMAS P III
STREET ADDRESS	555 CALLE ESCADA
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459
TITLE	VP
NAME	SIMS, SARAH
STREET ADDRESS	555 CALLE ESCADA
CITY - ST - ZIP	SANTA ROSA BEACH, FL 32459
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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09/19/08-80001-013 150.00

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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: Thomas D. Sims III 09/15/08 850 585 8466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #