


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90016 020 ***150.00

DOCUMENT # P04000116464 1. Entity Name CINDY S. SIMPSON, INC.					
Principal Place of Business 4903 GRAINARY AVE TAMPA, FL 33624			Mailing Address 4903 GRAINARY AVE TAMPA, FL 33624		
2. Principal Place of Business		3. Mailing Address P.O. Box 341381			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Tampa, FL		4. FEI Number 20-2061019	
Zip 33694		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMPSON, CINDY S 4903 GRAINARY AVE TAMPA, FL 33624			7. Name and Address of New Registered Agent Name: Stephen Simone CPA Street Address (P.O. Box Number is Not Acceptable): Stephen Simone, P.A. 6439 Central Avenue City: St. Petersburg FL Zip Code: 33710		
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: <u>Stephen Simone CPA (Stephen Simone)</u> DATE: <u>05/11/2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Cindy S. Simpson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5/12/05 727 433 3049 <small>Date Daytime Phone #</small>		