


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90569 026 ***150.00

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|---|---|---------------------------------|---|---|--|
| DOCUMENT # P04000124944 | | | |  | |
| 1. Entity Name SIMSTEC ELECTRICAL CORP. | | | | | |
| Principal Place of Business 1610 CALLIE COURT APOPKA, FL 32703 US | | | Mailing Address 1610 CALLIE COURT APOPKA, FL 32703 US | | |
| 2. Principal Place of Business <i>Same as above</i> | | 3. Mailing Address <i>"</i> | | | |
| Suite, Apt. #, etc. <i>"</i> | | Suite, Apt. #, etc. <i>"</i> | | | |
| City & State <i>"</i> | | City & State <i>"</i> | | 4. FEI Number 421642477 | |
| Zip <i>"</i> | | Country <i>ORANSE</i> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State <i>"</i> | | City & State <i>"</i> | | 6. Name and Address of Current Registered Agent SIMS, WILLIE R. 1610 CALLIE COURT APOPKA, FL 32703 | |
| Zip <i>"</i> | | Country <i>ORANSE</i> | | 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. <i>Willie R. Sims</i> SIGNATURE <i>Willie R. Sims</i> DATE <i>4-15-05</i> <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 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P SIMS, WILLIE R SR 1610 CALLIE COURT APOPKA, FL 32703 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SEC. SIMS, THERESA A 1610 CALLIE COURT APOPKA, FL 32703 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <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 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: <i>Willie R. Sims</i> <i>Willie R. Sims</i> <i>4-15-05</i> <i>321-684-0638</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

20036525



03232005 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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 *Willie R. Sims* DATE *4-15-05*

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

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