2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2006 08:00 A Secretary of State

DOCUMENT 1. Entity Name SIMSTEC ELEC				
Principal Place of Busine 1610 CALLIE COUNT APOPKA, FL 32703	ess	Mailing Address 1610 CALLIE COUNT APOPKA, FL 32703	US	

Principal Place 1610 EALLII APOPKA, FL	COUNT	viailing Address 1610 CALLIE COUNT APOPKA, FL 32703 US		_	•	
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent SIMS, WILLIE R 1610 CALLIE COURT APOPKA, FL 32703			CE	01052006 4. FEI Number 42-164 5. Certificate	er 2477 of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
	named entity submits this statement for the one of registered agent. Signature, typed or printed name of registered agent and to		ed office or register	<u>.</u> .	th, in the State of Florida. I am	familiar with, and accept
	E NOW!!! FEE IS \$150.00 by 1, 2006 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		.00 May Be ed to Fees	U000003984 01/30/06-8009	30 4-012 150 00
10. DITLE NAME STREET ADDRESS CITY-ST-ZP TIFLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP	P SIMS, WILLIE R SR 1610 CALLIE COURT APOPKA, FL 32703 SEC. SIMS, THERESA A 1610 CALLIE COURT APOPKA, FL 32703	ECTORS			NOT WRITE THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. Thereby 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: J	NilliE R. Sims	wille R.	Am	1-21-06	321-689-0638
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING	OFFICER OR DIRECTOR		Date	Daytime Phone #