


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90009 048 ***150.00

DOCUMENT # P04000134223 1. Entity Name D. SIMONS TRUCKING, INC.					
Principal Place of Business 1621 SYLVAN CIRCLE LAKE PLACID, FL 33852			Mailing Address 1621 SYLVAN CIRCLE LAKE PLACID, FL 33852		
2. Principal Place of Business 1514 Summer Road Suite, Apt. #, etc.		3. Mailing Address 1514 Summer Road Suite, Apt. #, etc.			
City & State Lake Placid, FL Zip 33852		City & State Lake Placid, FL Zip 33852		4. FEI Number 16-1708400	
Country Highlands		Country Highlands		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMONS, DAVID W 1621 SYLVAN CIRCLE LAKE PLACID, FL 33852				7. Name and Address of New Registered Agent Name: David W. Simons Street Address (P.O. Box Number is Not Acceptable) 1514 Summer Road City Lake Placid FL Zip Code 33852	
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><i>David W. Simons</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>2/25/06</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DPS SIMONS, DAVID W 1621 SYLVAN CIRCLE LAKE PLACID, FL 33852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SIMONS, DAVID P 1721 SECOND STREET LAKE PLACID, FL 33852	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEACH, LANCE 1621 SYLVAN CIRCLE LAKE PLACID, FL 33852	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>David W. Simons</i></u> DATE: <u>2/25/06</u>					