FILED
May 23, 2006 8:00 am
Secretary of State

04-13-2006 90296 050 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000138384

1. Entity Name
SIMON SPECIALTY, INC.

Principal Place of Business	Mailing Address
422 WEST 7TH ST JACKSONVILLE, FL 32206 US	422 WEST 7TH ST JACKSONVILLE, FL 32206 US

04062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
139 W 3rd Street	139 W 3rd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax. FL	City & State: Jax. FL
Zip: 32206 Country:	Zip: 32206 Country:

4. FEI Number: 86-1116693 ☐ 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
SIMON, ANTHONY M 422 WEST 7TH ST JACKSONVILLE, FL 32206	Name: Simon Anthony M Street Address (P.O. Box Number is Not Acceptable): 139 W. 3rd St. City: JAX FL Zip Code: 32206

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: [signature] 4/12/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 SIMON, ANTHONY M 422 WEST 7TH ST JACKSONVILLE, FL 32206 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	139 W 3rd Street Jax. FL 32206 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] 4/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #