2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000150139

Address:

City-St-Zip:

FILED Mar 30, 2005 Secretary of State

Entity Nar	ne: SIMMON	S ELECTRICAL CONTRACT	ING INC			
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
	CHMONT BLV), FL 32808	D				
Current Mailing Address:			New Maili	New Mailing Address:		
5949 BEECHMONT BLVD ORLANDO, FL 32808				5949 BEECHMONT BLVD ORLANDO, FL 32808 US		
FEI Number:	02-0733156	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
	, ALONZO CHMONT BLV), FL 32808	D US				
	named entity e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent				Date		
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P,S (SIMMONS, ALC 5949 BEECHM ORLANDO, FL	ONT BLVD	Title: Name: Address: City-St-Zip:	SIMMONS, A 5949 BEECH	(X) Change () Addition LONZO IMONT BLVD FL 32808 US	
Title: Name:		Delete	Title: Name:		() Change (X) Addition CHARLYCE M MRS	

Address:

City-St-Zip:

5949 BEECHMONT BLVD ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALONZO SIMMONS MR 03/30/2005