

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/7/2006-90015-049-\$150.00-\$150.00

**FILED**

06 NOV 15 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000003469**

1. Entity Name,  
**SIMON PATCH & REPAIR COMPANY**



Principal Place of Business  
25430 S.W. 15TH AVENUE  
NEWBERRY, FL 32669 US

Mailing Address  
25430 S.W. 15TH AVENUE  
NEWBERRY, FL 32669 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09022006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2146182

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SIMON, BRENDA L  
25430 S.W. 15TH AVENUE  
NEWBERRY, FL 32669

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

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
SIMON, WILLIE L  
25430 S.W. 15TH AVENUE  
NEWBERRY, FL 32669 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DIR  
SIMON, BRENDA L  
25430 S.W. 15TH AVENUE  
NEWBERRY, FL 32669 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Brenda L. Simon ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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:

*Willie Simon*

*Brenda L. Simon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**J. LUCKEY**  
**& CO.**  
Certified Public Accountants

Pine Grove Professional Center  
4045 NW 43rd Street, Suite A  
Gainesville, Florida 32606  
Phone: (352) 377-7171  
Fax: (352) 379-2705

ATTACHMENT

20054302

282

September 2, 2006

Division of Corporations  
PO Box 1500  
Tallahassee, FL 32301-1500

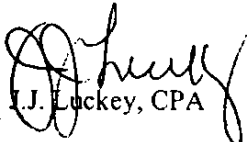
**RE: Simon Patch & Repair Company**  
**Document #P05000003469**

To Whom It May Concern:

Attached please find the 2006 For Profit Corporation Annual Report along with a check in the amount \$150 for the above referenced client. Mr. Simon is a new corporation and did not receive the postcard in the mail and was unaware of the filing requirements. Please allow this to be due cause to abate the penalty.

Should you have any questions, please do not hesitate to call. Thank you for your assistance in this matter.

Sincerely,

  
J.J. Luckey, CPA

JJL:rjn  
Enclosures