

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90070 050 ***150.00

DOCUMENT # P05000102522

1. Entity Name
B.D. SIMMONS CUSTOM TRIM, INC.



Principal Place of Business
4700 SOUTHWEST 51ST STREET
SUITE # 217
DAVIE, FL 33314 US

Mailing Address
C/O MARK I. INGBER C.P.A., P.A.
10100 WEST SAMPLE ROAD - SUITE # 326
CORAL SPRINGS, FL 33065 US

4020



2. Principal Place of Business - No P.O. Box #
2525 86th Drive

3. Mailing Address
 Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State
Vero Beach FL

City & State

4. FEI Number
20-3212818

Applied For
 Not Applicable

Zip
32966

Country
US

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SIMMONS, BART
4700 SOUTHWEST 51ST STREET
SUITE # 217
DAVIE, FL 33314

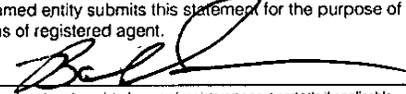
7. Name and Address of New Registered Agent

Name
Bart Simmons

Street Address (P.O. Box Number is Not Acceptable)
2525 86th Drive

City **Vero Beach** FL Zip Code **32966**

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  **Bart Simmons** DATE **4/27/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D SIMMONS, BART 4700 SOUTHWEST 51ST STREET - SUITE # 217 DAVIE, FL 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bart Simmons 2525 86th Drive Vero Beach, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Bart D. Simmons** DATE **4/27/07** DAYTIME PHONE # **954-610-0109**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR