

# 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**

2. Principal Place of Business - No P.O. Box #

**2525 86th Drive**  
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Vero Beach FL**

City & State

Zip  
**32966**

Country  
**US**

Zip

Country

04252007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**20-3212818**

Applied For  
Not Applicable

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

*[Signature]*

**Bart Simmons**

**4/27/07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **SIMMONS, BART**  
STREET ADDRESS **4700 SOUTHWEST 51ST STREET - SUITE # 217**  
CITY-ST-ZIP **DAVIE, FL 33314**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **Bart Simmons**  
STREET ADDRESS **2525 86th Drive**  
CITY-ST-ZIP **Vero Beach, FL 32966**

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

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

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

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

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bart D. Simmons**

**4/27/07**

**954-510-0109**

Date

Daytime Phone #