


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90173 005 ***150.00

DOCUMENT # P05000115324					
1. Entity Name SIMPLY NECESSARY, INC. <div style="position: absolute; top: 0; right: 0; text-align: right;"> <i>CK#1035 4/16/2007</i> </div>					
Principal Place of Business 7206 HILRMSN FT. WEST LAKELAND, FL 33810-4704			Mailing Address 7206 HILRMSN FT. WEST LAKELAND, FL 33810-4704		
2. Principal Place of Business - No P.O. Box # 7206 Hileman Drive West		3. Mailing Address 7206 Hileman Drive West			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lakeland, Florida		City & State Lakeland, Florida		4. FEI Number 20-3376792	
Zip 33810-4704		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER-CRAFT, TANGELA 7206 HILRMSN FT. WEST LAKELAND, FL 33810-4704			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7206 Hileman Drive West City Lakeland FL 33810-4704		
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE PD NAME WALKER-CRAFT, TANGELA STREET ADDRESS 7206 HILLEMAN DR W CITY-ST-ZIP LAKELAND, FL 338104704	<input type="checkbox"/> Delete		TITLE P/S/D NAME Walker-Craft, Tangela STREET ADDRESS 7206 Hileman Drive West CITY-ST-ZIP Lakeland, Florida 33810-4704	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VD NAME WALKER, ANGELA STREET ADDRESS 1607 SUTTON RD. CITY-ST-ZIP LAKELAND, FL 33810	<input type="checkbox"/> Delete		TITLE V/T/D NAME Walker, Angela STREET ADDRESS 1607 Sutton Road CITY-ST-ZIP Lakeland, Florida 33810	<input type="checkbox"/> Change <input checked="" 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	
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	
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	
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	
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: <i>Tangela Y. Walker-Craft President Tangela Walker-Craft 4/16/07 863-859-2650</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					