

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142558

FILED
Apr 06, 2007
Secretary of State

Entity Name: SIMMONS APPRAISAL SERVICES, INC.

Current Principal Place of Business:

110 BUSHNELL PLAZA
BUSHNELL, FL 33513

New Principal Place of Business:

114 N. JUMPER DRIVE
BLDG 1A
BUSHNELL, FL 33513

Current Mailing Address:

110 BUSHNELL PLAZA
BUSHNELL, FL 33513

New Mailing Address:

P.O. BOX 879
BUSHNELL, FL 33513

FEI Number: 51-0560691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIMMONS, JAMES G
4806 CR 567
CENTER HILL, FL 33514 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SIMMONS, JAMES G
Address: 4806 CR 567
City-St-Zip: CENTER HILL, FL 33514

Title: VD () Delete
Name: SIMMONS, MICHAEL G
Address: 4806 CR 567
City-St-Zip: CENTER HILL, FL 33514

Title: SD () Delete
Name: SIMMONS, PHILLIP B
Address: 4806 CR 567
City-St-Zip: CENTER HILL, FL 33514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: SIMMONS, MICHAEL G
Address: 4858 CR 567
City-St-Zip: CENTER HILL, FL 33514

Title: SD (X) Change () Addition
Name: SIMMONS, PHILLIP B
Address: 4764 CR 567
City-St-Zip: CENTER HILL, FL 33514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES GUY SIMMONS

PRES

04/06/2007

Electronic Signature of Signing Officer or Director

_____ Date