

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000145080

1. Entity Name

L.G. SIMMONDS REAL ESTATE CORPORATION



Principal Place of Business

860 EAST S.R. 434
LONGWOOD, FL 32750

Mailing Address

P.O. BOX 521266
LONGWOOD, FL 32752-1266



01312007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3754109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIMMONDS, LESLIE G
860 EAST S.R. 434
LONGWOOD, FL 32750

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IN THIS SPACE

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 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/P
NAME SIMMONDS, LESLIE G
STREET ADDRESS 860 EAST S.R. 434
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE DVTS
NAME SIMMONDS, GRETHEL D
STREET ADDRESS 151 SHERIDAN AVE
CITY-ST-ZIP LONGWOOD, FL 32750

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000642853
03/01/07-80060-020 150.00

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IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LESLIE G. Simmonds 1/31/07 407-767-5997