

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000145080

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

**Entity Name:** L.G. SIMMONDS REAL ESTATE CORPORATION

**Current Principal Place of Business:**

860 EAST S.R. 434  
SUITE A  
LONGWOOD, FL 32750

**New Principal Place of Business:**

151 SHERIDAN AVENUE  
LONGWOOD, FL 32750

**Current Mailing Address:**

P.O. BOX 521266  
LONGWOOD, FL 327521266

**New Mailing Address:**

**FEI Number:** 20-3754109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

SIMMONDS, LESLIE G  
151 SHERIDAN AVENUE  
LONGWOOD, FL 32750 US

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

01/23/2011

Date

**OFFICERS AND DIRECTORS:**

Title: D/P  
Name: SIMMONDS, LESLIE G  
Address: 151 SHERIDAN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: DVTS  
Name: SIMMONDS, GRETHEL D  
Address: 151 SHERIDAN AVE  
City-St-Zip: LONGWOOD, FL 32750

I hereby 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 all other like empowered.

SIGNATURE: GRETHEL D. SIMMONDS

DVTS

01/23/2011

Electronic Signature of Signing Officer or Director

Date