

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037042

Entity Name: SIMONES, INC.

FILED
Sep 06, 2007
Secretary of State

Current Principal Place of Business:

3934 BRIGGS AVE
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

3934 BRIGGS AVE
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 20-4504882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUVAL, DONALD E JR
3934 BRIGGS AVE
SARASOTA, FL 34231 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: D () Delete
Name: DUVAL, DONALD E JR
Address: 3934 BRIGGS AVE
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: DUVAL, CECILIA A
Address: 3934 BRIGGS AVE
City-St-Zip: SARASOTA, FL 34231

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DUVAL, DONALD E JR
Address: 3934 BRIGGS AVE
City-St-Zip: SARASOTA, FL 34231

Title: V PR (X) Change () Addition
Name: DUVAL, CECILIA A
Address: 3934 BRIGGS AVE
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify 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: DONALD E DUVAL JR

PRES

09/06/2007

Electronic Signature of Signing Officer or Director

_____ Date