
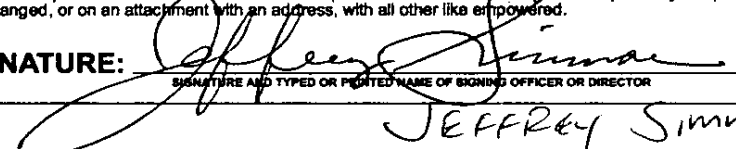


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90103 013 ***150.00

DOCUMENT # P06000114417 1. Entity Name J BRIAN SIMMONS AND ASSOCIATES, INC					
Principal Place of Business 12840 BEAUBIEN RD JACKSONVILLE, FL 32258 US			Mailing Address PO BOX 24886 JACKSONVILLE, FL 32241-4886 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent SIMMONS, JEFFREY B 12840 BEAUBIEN RD JACKSONVILLE, FL 32258				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	P/C SIMMONS, JEFFREY B PO BOX 24886 JACKSONVILLE, FL 322414886 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COVIELLO, CHRISTOPHER J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D LINDGREN, ANOREW J <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, JANINE M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECOSTE, FRANKLIN DAVID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDGREN, ERIC C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OFFICER MAJOR, OFIR BEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 24886 JACKSONVILLE, FL 322414886	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> JEFFREY SIMMONS			1/15/2007 904292350 <small>Date Daytime Phone #</small>		