

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90033 040 \*\*\*158.75

<b>DOCUMENT # P07000131869</b> 1. Entity Name <b>SIMPSON ENTERPRISES OF NORTH FLORIDA INC.</b>					
Principal Place of Business <b>501 WEST NORTH AVE BONIFAY, FL 32425</b>			Mailing Address <b>501 WEST NORTH AVE BONIFAY, FL 32425</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>501 West North Ave.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Bonifay, Florida</b>		4. FEI Number <b>26-1579072</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>32425</b>		Country <b>United States</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMPSON, FRANK K 501 WEST NORTH AVE BONIFAY, FL 32425</b>				7. Name and Address of New Registered Agent Name <b>FRANK K. SIMPSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 West North Ave.</b> City <b>Bonifay</b> <b>FL</b> Zip <b>32425</b>	
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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIMPSON, FRANK K 501 WEST NORTH AVE BONIFAY, FL 32425		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIMPSON, PAULA 501 WEST NORTH AVE BONIFAY, FL 32425		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <b>Paula Simpson Paula Simpson</b>			Date <b>4-7-08</b> Daytime Phone # <b>850-547-4166</b>		