

FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 27 AM 8:40

DOCUMENT # P08000040448

1. Entity Name

SIMMONS INTERNATIONAL INVESTMENTS, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

2325 COSTA VERDE BLVD.

3. Mailing Address

2325 COSTA VERDE BLVD.

Suite, Apt. #, etc.

SUITE #102

Suite, Apt. #, etc.

SUITE #102

City & State

JACKSONVILLE BEACH, FL

City & State

JACKSONVILLE BEACH, FL

4. FEI Number

26-2594129

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034B (11/08)

KS

500178050995
04/27/10--01017--016 **150.00

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DENISE CARPENTER

Street Address (P.O. Box Number is Not Acceptable)

2325 COSTA VERDE BLVD. SUITE #102

City

JACKSONVILLE BEACH

FL

Zip Code

32250

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PRESIDENT
BURMA HELLENBECK
2333 COSTA VERDE BLVD. SUITE #202
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SECRETARY/TREASURE
DENISE CARPENTER
2325 COSTA VERDE BLVD. SUITE #102
JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MANAGING DIRECTOR
DANNY SIMMONS
3017 ROCKFORD FALLS DRIVE SOUTH
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

DO NOT WRITE
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Danny Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANNY SIMMONS 3-11-10 (904) 249-6422

MANAGING DIRECTOR

Daytime Phone #