


**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

500178050995
04/27/10--01017--D16 **150.00

CR2E034B (11/08)

KS

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 2325 COSTA VERDE BLVD. Suite, Apt. #, etc. SUITE #102 | 3. Mailing Address 2325 COSTA VERDE BLVD. Suite, Apt. #, etc. SUITE #102 |
| City & State JACKSONVILLE BEACH, FL | City & State JACKSONVILLE BEACH, FL |
| Zip 32250 Country USA | Zip 32250 Country USA |

| | |
|---|--|
| 4. FEI Number 26-2594129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**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 _____ (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. <input type="checkbox"/> \$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 | |

**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 DANNY SIMMONS 3-11-10 (904) 249-6422
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MANAGING DIRECTOR Daytime Phone #