

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000090264

Entity Name: SIMONS & SIMONS LAW, P.A.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

6817 SOUTHPOINT PKWY  
SUITE 504  
JACKSONVILLE, FL 32216

## **New Principal Place of Business:**

## **Current Mailing Address:**

6817 SOUTHPOINT PKWY  
SUITE 504  
JACKSONVILLE, FL 32216

## **New Mailing Address:**

FEI Number: 27-3799121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SIMONS, MICHAEL R  
1821 ENTERPRISE AVE  
ST. AUGUSTINE, FL 32092 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

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: SIMONS, MICHAEL R  
Address: 1821 ENTERPRISE AVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

Title: VP  
Name: SIMONS, JAMIE V  
Address: 1821 ENTERPRISE AVE  
City-St-Zip: ST. AUGUSTINE, FL 32092 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL SIMONS

P

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date