

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000013164



1. Entity Name
SIMANCO MANAGEMENT, INC.

Principal Place of Business
P.O. BOX 270603
TAMPA, FL 33688

Mailing Address
P.O. BOX 270603
TAMPA, FL 33688

509 GUISANDO DE AVILA
TAMPA, FL 33613

509 GUISANDO DE AVILA
TAMPA, FL 33613

**FILED
Feb 05, 2004 8:00 am
Secretary of State**

02-05-2004 90008 012 ***150.00

44007089



01152004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3169639	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

SIERRA, JOHN R JR.
15436 N. FLORIDA AVE.
SUITE 200
TAMPA, FL 33613

509 GUISANDO DE AVILA
TAMPA, FL 33613

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$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	DP SIERRA, J. R 15436 N. FLORIDA AVE., STE. 200 TAMPA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIERRA, STUART S P.O. BOX 270603 TAMPA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SIERRA, JOHN R JR. 15436 N FLORIDA AVE #200 TAMPA, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GRAY, THOMAS H 15436 N. FLORIDA AVE., STE. 200 TAMPA, FL	<input type="checkbox"/> Delete	<input checked="" 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 exemption stated in Section 119.07(3)(i), 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: *Thomas N. Gray*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/04
Date

813-963-5856
Daytime Phone #