


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-05-2004 90008 012 \*\*\*150.00

<b>DOCUMENT # P93000013164</b>		
1. Entity Name <b>SIMANCO MANAGEMENT, INC.</b>		
Principal Place of Business <b>P.O. BOX 270603 TAMPA, FL 33688</b>	Mailing Address <b>P.O. BOX 270603 TAMPA, FL 33688</b>	

44007089



509 GUI SANDO DE AVILA  
TAMPA, FL 33613

509 GUI SANDO DE AVILA  
TAMPA, FL 33613

01152004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3169639**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

509 GUI SANDO 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**

TITLE	DP	<input type="checkbox"/> Delete
NAME	SIERRA, J. R	
STREET ADDRESS	15436 N. FLORIDA AVE., STE. 200	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SIERRA, STUART S	
STREET ADDRESS	P.O. BOX 270603	
CITY-ST-ZIP	TAMPA, FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	SIERRA, JOHN R JR.	
STREET ADDRESS	15436 N FLORIDA AVE #200	
CITY-ST-ZIP	TAMPA, FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	GRAY, THOMAS H	
STREET ADDRESS	15436 N. FLORIDA AVE., STE. 200	
CITY-ST-ZIP	TAMPA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
509 GUI SANDO DE AVILA TAMPA, FL 33613	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS H. GRAY

1/20/04

Date

813-963-5856

Daytime Phone #