


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P93000013164 1. Entity Name SIMANCO MANAGEMENT, INC. |  |
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| Principal Place of Business 509 GUI SANDO DE AVILA TAMPA, FL 33613 | Mailing Address 509 GUI SANDO DE AVILA TAMPA, FL 33613 |
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DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3169639 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SIERRA, JOHN R JR. 509 GUI SANDO E AVILA SUITE 200 TAMPA, FL 33613 |
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**DO NOT WRITE
IN THIS SPACE**

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

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SIERRA, J. R 509 GUI SANDO DE AVILA TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SIERRA, STUART S 509 GUI SANDO DE AVILA TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV SIERRA, JOHN R JR. 509 GUI SANDO DE AVILA TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VST GRAY, THOMAS H 509 GUI SANDO DE AVILA TAMPA, FL 33613 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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03/04/06-00036-022 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **THOMAS H. GRAY**  **813-963-5816**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #