

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000067897

1. Entity Name
JEFF SIMES CONSTRUCTION, INC.



Principal Place of Business
 9192 ACORN BOULEVARD
 PUNTA GORDA, FL 33982

Mailing Address
 9192 ACORN BOULEVARD
 PUNTA GORDA, FL 33982



07122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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|------------------------------------|-------------------------------|
| 4. FEI Number 65-0455911 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

SIMES, JEFFREY D
 9192 ACORN BOULEVARD
 PUNTA GORDA, FL 33982

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 _____

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

7-12-05 941-639-0697
 Date Daytime Phone #