

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90008 033 \*\*\*150.00

**DOCUMENT # P94000027550**



1. Entity Name  
**SIMS BUILDERS, INC.**

Principal Place of Business  
**350 WINDWARD PASSAGE  
CLEARWATER, FL 33767 US**

Mailing Address  
**350 WINDWARD PASSAGE  
CLEARWATER, FL 33767 US**

**54061068**



2. Principal Place of Business  
**11535 HIDDEN COVE CT**

3. Mailing Address  
**11535 HIDDEN COVE CT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-P CR2E034 (10/03)

City & State  
**Trinity, FL**

City & State  
**Trinity, FL**

4. FEI Number  
**59-3236170**

Applied For  
Not Applied

Zip  
**34655**

Country  
**USA**

Zip  
**34655**

Country  
**USA**

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

**SIMS, LARRY  
350 WINDWARD PASSAGE  
CLEARWATER, FL 33767**

Name  
**SIMS, LARRY**

Street Address (P.O. Box Number is Not Acceptable)  
**11535 HIDDEN COVE CT**

City  
**Trinity**

FL

34655

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 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMS, LARRY  
350 WINDWARD PASSAGE  
CLEARWATER, FL 33767** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

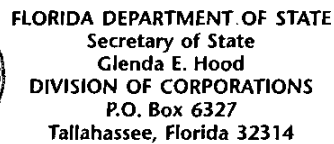
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

SIGNATURE **Larry E Sims** ID: 927-505-8639 7-6-04

524061068

# P54600027350



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State of Florida  
84321

0146605 01 AV 0.176 \*\*AUTO T3 1 1203 33767-224250

**SIMS BUILDERS, INC.**

350 WINDWALD PASSAGE

SIMS350\* 337673168 1604 35 07/02/04  
NOTIFY SENDER OF NEW ADDRESS  
:SIMS BUILDERS INC  
11535 HIDDEN COVE CT  
TRINITY FL 34655-7101

