


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90302 032 ***150.00

| | | |
|---------------------------------------|--|---|
| DOCUMENT # P94000055727 | |  |
| 1. Entity Name SCOTT SIMKINS, P.A. | | |

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|---|---|
| Principal Place of Business 25A 9TH STREET SOUTH SAINT PETERSBURG, FL 33705 | Mailing Address 25A 9TH STREET SOUTH SAINT PETERSBURG, FL 33705 |
|---|---|

20038669



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|---|---|
| 2. Principal Place of Business 8601 4th ST N Suite, Apt. #, etc. 305 D | 3. Mailing Address 8601 4th ST N Suite, Apt. #, etc. 305 D |
| City & State ST PETERSBURG FL | City & State ST PETERSBURG FL |
| Zip 33702 | Country USA |

03102005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3259035

Applied For
Not Applicable

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

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|---|--|
| 6. Name and Address of Current Registered Agent SIMKINS, SCOTT 25A 9TH STREET SOUTH SAINT PETERSBURG, FL 33705 | |
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|--|-------------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | D SIMKINS, SCOTT 25-A 9 STREET SOUTH SAINT PETERSBURG, FL 33705 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SIMKINS, SCOTT 8601 4th ST N SUITE 305 D ST PETERSBURG FL 33702 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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:  4-18-05 927-576-3400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #