

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90255 024 \*\*\*158.75

<b>DOCUMENT # P95000002432</b> 1. Entity Name <b>S. A. SIMMONS, INC.</b>			
Principal Place of Business <b>205 WORTH AVENUE</b> <b>318</b> <b>PALM BEACH, FL 33480 US</b>		Mailing Address <b>205 WORTH AVENUE</b> <b>318</b> <b>PALM BEACH, FL 33480 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4316 Commercial</b> Suite, Apt. #, etc.		3. Mailing Address <b>#27103</b> Suite, Apt. #, etc.	
City & State <b>Port Charlotte FL</b> Zip Country <b>33953 Charlotte</b>		City & State <b>El Jobean, FL</b> Zip Country <b>33927 Charlotte</b>	
4. FEI Number <b>65-0556320</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SIMMONS, SHERRY A</b> <b>205 WORTH AVE, STE 318</b> <b>PALM BEACH, FL 33480</b>		7. Name and Address of New Registered Agent Name <b>SIMMONS, S.A</b> Street Address (P.O. Box Number is Not Acceptable) <b>4316 COMMERCIAL ST</b> City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33953</b>	
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 _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>SIMMONS, S.A</b> <input type="checkbox"/> Delete STREET ADDRESS <b>205 WOTH AVE .MSTE 318</b> CITY-ST-ZIP <b>PALM BEACH, FL 33480</b>	TITLE <b>D</b> NAME <b>SIMMONS, S.A.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <b>#27103</b> CITY-ST-ZIP <b>El Jobean, FL 33927</b>		
TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME <input type="checkbox"/> Delete STREET ADDRESS CITY-ST-ZIP	TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP		
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: <u><i>Sherry Simmons</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/30/08</u> Daytime Phone # _____	