

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000002432

1. Entity Name
S. A. SIMMONS, INC.



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

05-05-2008 90255 024 ***158.75

Principal Place of Business
205 WORTH AVENUE
318
PALM BEACH, FL 33480 US

Mailing Address
205 WORTH AVENUE
318
PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #
4316 Commercial

Suite, Apt. #, etc.

3. Mailing Address
27103

Suite, Apt. #, etc.

City & State
Port Charlotte, FL

Zip

33953

Country

Charlotte

City & State
E1 Jobean, FL

Zip

33927

Country

Charlotte

6. Name and Address of Current Registered Agent

SIMMONS, SHERRY A
205 WORTH AVE, STE 318
PALM BEACH, FL 33480

Name

SIMMONS, S.A.

Street Address (P.O. Box Number is Not Acceptable)

4316 COMMERCIAL ST

City

Port Charlotte

FL

Zip Code
33953

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
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$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
SIMMONS, S.A
205 WOTH AVE .MSTE 318
PALM BEACH, FL 33480*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*SIMMONS, S.A.
27103
E1 Jobean, FL 33927*

TITLE
NAME
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: *Sherry Simmons*

4/3/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #