2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# P95000052426

Entity Name: SIMEONE & ASSOCIATES, INC.

Current Principal Place of Business:

6250 HAZELTINE NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32822 US

New Principal Place of Business:

6565 HAZELTINE NATIONAL DRIVE
SUITE 12
ORLANDO, FL 32822 US

Current Mailing Address:

6250 HAZELTINE NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32822 US

New Mailing Address:

6565 HAZELTINE NATIONAL DRIVE
SUITE 12
ORLANDO, FL 32822 US

FEI Number: 59-3332478 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMEONE, CARMEN R
6250 HAZELTINE NATIONAL DRIVE
SUITE 100
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

SIMEONE, CARMEN R
6565 HAZELTINE NATIONAL DRIVE
SUITE 12
ORLANDO, FL 32822 US

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.

SIGNATURE: CARMEN R SIMEONE 04/09/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: SIMEONE, CARMEN R
Address: 10429 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

Title: D ( ) Delete
Name: SIMEONE, K.A.
Address: 10429 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SIMEONE, KAREN
Address: 10429 HART BRANCH CIRCLE
City-St-Zip: ORLANDO, FL 32832

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN R SIMEONE PSTD 04/09/2009
Electronic Signature of Signing Officer or Director Date