

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000085457

1. Entity Name  
SIMPSON & SONS, INC.



Principal Place of Business  
4329 SW 75TH AVE  
MIAMI, FL 33155

Mailing Address  
4329 SW 75TH AVE  
MIAMI, FL 33155

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0622891

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SIMPSON, RUBEN L  
4329 SW 75TH AVE  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
SIMPSON, RUBEN L  
6839 SW 114TH PL UNIT C  
MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
SIMPSON, RUBEN  
3251 SW 16 LANE  
MIAMI, FL 33145

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
SIMPSON, KATHERINE  
6917 SW 164 CT  
MIAMI, FL 33193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000352187  
05/03/05-80017-007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05  
Date

305262246  
Daytime Phone #