


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90101 010 ***150.00

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| DOCUMENT # P95000085457 |  |
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1. Entity Name
SIMPSON & SONS, INC.

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| Principal Place of Business 4329 SW 75TH AVE MIAMI, FL 33155 | Mailing Address 4329 SW 75TH AVE MIAMI, FL 33155 |
|--|--|

40076705



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

3. Mailing Address

01102007 Chg-P CR2E034 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0622891

Applied For
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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, 2007 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 | DP SIMPSON, RUBEN L 6839 SW 114TH PL UNIT C MIAMI, FL 33173 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP SIMPSON, RUBEN L 4329 SW 75 AVENUE MIAMI, FL 33155 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SIMPSON, RUBEN 3251 SW 16 LANE MIAMI, FL 33145 | <input type="checkbox"/> Delete |
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|--|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP SIMPSON, RUBEN 4329 SW 75 AVENUE MIAMI, FL 33155 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SIMPSON, KATHERINE 6917 SW 164 CT MIAMI, FL 33193 | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

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|--|---|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T SIMPSON, KATHERINE 4329 SW 75 AVENUE MIAMI, FL 33155 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete |
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| 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"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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

Katherine Simpson 4/10/07