


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 A
Secretary of State

DOCUMENT # P96000026132 1. Entity Name L.R. SIMMONS PLUMBING, INC.	
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Principal Place of Business 10514 LITHIA ESTATES DRIVE LITHIA, FL 33547	Mailing Address 10514 LITHIA ESTATES DRIVE LITHIA, FL 33547
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3372123	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SIMMONS, PAMELA D 10514 LITHIA ESTATES DRIVE LITHIA, FL 33547
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMMONS, LEON R 10514 LITHIA ESTATES DRIVE LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SIMMONS, PAMELA D 10514 LITHIA ESTATES DRIVE LITHIA, FL 33547
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<p>U000000663343 03/21/07-80049-013 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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>Pamela D Simmons</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<u>3/8/07</u> (813) 918-6788 <small>Date Daytime Phone #</small>