## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P96000051873** STEVEN R. SIMS, P.A.

## **FILED** Apr 24, 2008 08:00 AN Secretary of State

|                                                                                                                                                                                                                                                 |                                                   |      |                                                           | NO WILLIAM |                                                                                                                        |                          |                      |             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------|-----------------------------------------------------------|------------|------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------|-------------|
| 9949 PUOP                                                                                                                                                                                                                                       | e of Business<br>DLO LANE<br>INGS, FL 34135       | US . | Mailing Address<br>PO BOX 188<br>BONITA SPRINGS, FL 34133 | US         |                                                                                                                        | I                        | # <b>### ### ###</b> | <b>1888</b> |
| 6. Name and Addross of Current Registered Agent  SIMS, STEVEN R 9949 PUOPOLO LANE BONITA SPRINGS, FL 33135                                                                                                                                      |                                                   |      |                                                           |            | 65-0675805 Not Applicable  5. Certificate of Status Desired \$8.75 Additional Fee Required  DO NOT WRITE IN THIS SPACE |                          |                      |             |
| 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  9. Election Campaign Financing  \$5.00 May Re |                                                   |      |                                                           |            |                                                                                                                        |                          |                      |             |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.                                                                                                                                                                                 |                                                   |      |                                                           | · – •      | 5.00 May Be<br>ided to Fees                                                                                            | 00000091<br> 05/13/08-80 | .8538<br>)086-012 19 | 50.00       |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                       | D<br>SIMS, STEVEN<br>9949 PUDPOLO<br>BONITA SPRIN |      |                                                           |            |                                                                                                                        |                          |                      |             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                                                                                                                                                                                           |                                                   |      |                                                           |            |                                                                                                                        |                          |                      |             |
| ȚITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | ·                                                 |      |                                                           |            | DO                                                                                                                     | NOT W                    | RITE                 |             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                  | SSS                                               |      |                                                           |            | IN '                                                                                                                   | THIS SF                  | PACE                 |             |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                        |                                                   |      |                                                           |            |                                                                                                                        |                          |                      |             |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP                                                                                                                                                                                                        |                                                   |      |                                                           |            | nations contained in Chapter 119. Florida Statutes, I further certify that the information                             |                          |                      |             |

Indicated on this report or supplymental 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:** 

ED NAME OF SIGNING OFFICER OR DIRECTOR