

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000077953



1. Entity Name
STEPHEN SIMONE, P.A.

Principal Place of Business
6439 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US

Mailing Address
6439 CENTRAL AVENUE
ST. PETERSBURG, FL 33710 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

FORD, BUDDY D
115 N MACDILL AVE
TAMPA, FL 33609

Name

Stephen Simone
Street Address (P.O. Box Number is Not Acceptable)
6439 Central Avenue

City

ST Petersburg

FL

Zip Code

33710-8911

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/2007

**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	PST STEPHEN, SIMONE 6439 CENTRAL AVENUE ST. PETERSBURG, FL 33710	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/2007

Date

Daytime Phone #

**FILED
May 03, 2007 8:00 am
Secretary of State**

05-03-2007 90026 045 ***150.00

40106100



05012007 Chg-P CR2E034 (12/06)