


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90393 047 ***150.00

DOCUMENT # P97000006038	
1. Entity Name SIMMONS CONSTRUCTION & ENGINEERING INC.	

Principal Place of Business 1208 CYPRESS POINT WINTER HAVEN, FL 33884	Mailing Address 1208 CYPRESS POINT WINTER HAVEN, FL 33884
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2. Principal Place of Business 1208 CYPRESS PT. E.	3. Mailing Address 1208 CYPRESS PT. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER HAVEN FL	City & State WINTER HAVEN FL
Zip 33884	Zip 33884
Country POLK	Country POLK

04202006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3393441	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMMONS, ERNEST 1208 CYPRESS POINT WINTER HAVEN, FL 33884	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1208 CYPRESS PT. E. City WINTER HAVEN FL Zip Code 33884
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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: ERNEST SIMMONS DATE: 4-20-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SIMMONS, ERNEST 1208 CYPRESS POINT WINTER HAVEN, FL 33884 <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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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: ERNEST SIMMONS DATE: 4-20-06 DAYTIME PHONE: 863-324-2386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR