
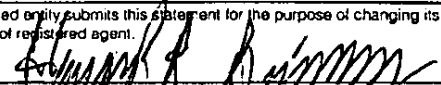
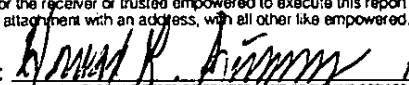


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

7/1

**FILED**  
**Aug 15, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90003 044 \*\*\*150.00

<b>DOCUMENT # P97000014631</b>					
1. Entity Name SONJA SIMMONS, CPA, P.A.					
Principal Place of Business 10043 HOLLOWBROOK DRIVE PENSACOLA, FL 32514			Mailing Address 10043 HOLLOWBROOK DRIVE PENSACOLA, FL 32514		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3431014	
				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  CHASE, JAMES L 101 EAST GOVERNMENTAL STREET PENSACOLA, FL 32501			7. Name and Address of New Registered Agent 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:  HOWARD R. SIMMONS B-4-06 Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SIMMONS, SONJA CPA 10043 HOLLOWBROOK DRIVE PENSACOLA, FL 32514 <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:  HOWARD R. SIMMONS B-4-06 SEP 4 2006 476 48 37 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66023118



07052006 Chg-P CR2E034 (11/05)

**ATTACHMENT**

SONJA SIMMONS, CPA, P.A.  
10043 Hollowbrook Drive  
Pensacola, FL 32514

66023118

#P47880019631

Florida Department of State  
Secretary of State  
Sue M. Cobb  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Sonja Simmons, CPA, P.A.

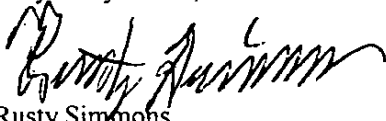
To Whom It May Concern:

This letter is being sent in response to your notice of intent to dissolve that was received on July 3, 2006. I have attached the 2006 Annual Report with payment of \$150.00.

This notice was the first that we received regarding this annual report. We never received the original card with the information needed to file it in a timely manner. Because of this, I am asking you to please waive any and all penalties.

If you have any questions, please feel free to contact me at the above address or by phone at (850) 476-4837.

Very Truly Yours,



Rusty Simmons  
Vice President