

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90180 044 ***150.00

40000000



04072006 Chg-P CR2E034 (11/05)

4. FEI Number **59-3457027** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMMONS, DAROLD R
4158 LADO DR.
ZEPHYRHILLS, FL 33543-5915

7. Name and Address of New Registered Agent

Name **Lois B Simmons**
Street Address (P.O. Box Number is Not Acceptable)
4158 Lado Dr
City **Zephyrhills** FL **33543**

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 **Lois B Simmons** DATE **4-7-06**
(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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DAROLD R SIMMONS	
STREET ADDRESS	4158 LADO DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LOIS B SIMMONS	
STREET ADDRESS	4158 LADO DR	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/SF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS B. SIMMONS	
STREET ADDRESS	4158 Lado Dr.	
CITY-ST-ZIP	Zephyrhills, FL 33543	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jacob D. Simmons	
STREET ADDRESS	4158 Lado Dr.	
CITY-ST-ZIP	Zephyrhills FL 33543	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Lois B Simmons** Date **4-7-06** Daytime Phone # **813 782 7933**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR