

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000057102

1. Entity Name
STEPHEN B. SIMMONS, INC.



Principal Place of Business
**4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303**

Mailing Address
**4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303**

APPROVED
AND
FILED

05 APR 18 PM 4:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01242005 No Chg-P CR2E034 (10/03) *MRD*

4. FEI Number
59-3458944

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SIMMONS, STEPHEN B
4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

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 Title applicable. (NOTE: Registered Agent's signature required when re-stating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May 1, 2005
Added to Fees
700054037237
05/09/05--01013--021 **150.00

10. OFFICERS AND DIRECTORS

P
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SIMMONS, STEPHEN B
4144 MCLEOD DRIVE
TALLAHASSEE, FL 32303**

V
TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**SIMMONS, VICKI
4144 MC LEAD DR.
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
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CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Stephen B. Simmons