

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000082216

Entity Name: JAMES GUY SIMMONS, P.A.

FILED  
Jan 22, 2006  
Secretary of State

## Current Principal Place of Business:

110 BUSHNELL PLAZA  
BUSHNELL, FL 33513

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 279  
CENTER HILL, FL 33514

## New Mailing Address:

FEI Number: 59-3471495

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIMMONS, JAMES GUY  
558 EAST KINGS HIGHWAY  
PO BOX 279  
CENTER HILL, FL 33514 US

## Name and Address of New Registered Agent:

SIMMONS, JAMES G PRES  
4806 COUNTY ROAD 567  
PO BOX 279  
CENTER HILL, FL 33514 US

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.

SIGNATURE: JAMES GUY SIMMONS

01/22/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: SIMMONS, JAMES GUY  
Address: 558 EAST KINGS HIGHWAY  
City-St-Zip: CENTER HILL, FL 33514

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SIMMONS, JAMES G  
Address: 4806 COUNTY ROAD 567  
City-St-Zip: CENTER HILL, FL 33514

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES GUY SIMMONS

PRES

01/22/2006

Electronic Signature of Signing Officer or Director

Date