

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P97000091525

1. Entity Name  
SIMPLE PAST, INC.



Principal Place of Business  
5687 EICHEN CIRC  
FORT MYERS, FL 33919

Mailing Address  
5687 EICHEN CIRC  
FORT MYERS, FL 33919



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0369217

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**

AUBRY, JEAN MICHEL  
5617 EICHEN CIR  
FORT MYERS, FL 33919

**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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000064332  
02/24/04-80008-010 150.00

**10. OFFICERS AND DIRECTORS**

TITLE ☒ D  
NAME  
AUBRY, JEAN MICHEL  
STREET ADDRESS  
5687 EICHEN CIRC  
CITY - ST - ZIP  
FORT MYERS, FL 33919

TITLE  
NAME  
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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)(f), 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 this filing, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/18/04 239-275-7766