

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P97000106912

1. Entity Name  
SIMS INDEPENDENT MECHANICAL SERVICES, INC.



Principal Place of Business  
415 PEARL STREET  
MELROSE, FL 32666

Mailing Address  
P.O. BOX 326  
MELROSE, FL 32666 US



01192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3489155	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**

SIMS, ROBERT L  
415 PEARL STREET  
MELROSE, FL 32666

**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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	SIMS, ROBERT L
STREET ADDRESS	415 PEARL STREET
CITY-ST-ZIP	MELROSE, FL 32666

TITLE	VPSD
NAME	SIMS, SHEREE A.
STREET ADDRESS	415 PEARL STREET
CITY-ST-ZIP	MELROSE, FL 32666

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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0000000703987  
04/20/07-80161-016 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Robert L. Sims Robert L. Sims 4/11/07 (352) 445-5837  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #