2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P98000103600

Entity Name: SIMMONS & SIMMONS CPA, P.A.

Current Principal Place of Business:

615 RUSTIC CIR.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

PO BOX 6060
STUART, FL 34997

New Mailing Address:

FEI Number: 65-0881648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMMONS, GAIL
615 RUSTIC CIRCLE
STUART, FL 34997 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SIMMONS, CHARLES T
Address: 615 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

Title: VPTD ( ) Delete
Name: O'CONNOR SIMMONS, GAIL A
Address: 615 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change ( ) Addition
Name: SIMMONS, GAIL A OCONNOR
Address: 615 RUSTIC CIRCLE
City-St-Zip: STUART, FL 34997

I hereby certify that the information supplied with this filing does not qualify 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: GAIL O'CONNOR SIMMONS VP 03/24/2009

Electronic Signature of Signing Officer or Director Date