

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000105549

Entity Name: SIMONEE INVESTORS, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

1607 ALLOWAY DRIVE  
DELTONA, FL 32738

## New Principal Place of Business:

## Current Mailing Address:

2297 VANCE RD  
C/O MARQUEZ  
DELTONA, FL 32738

## New Mailing Address:

FEI Number: 59-3549271

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MARQUEZ, ANNIE  
2297 VANCE RD  
DELTONA, FL 32738 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: P ( ) Delete  
Name: GONZALEZ, ANTHONY  
Address: 1607 ALLOWAY DRIVE  
City-St-Zip: DELTONA, FL 32738

Title: T ( ) Delete  
Name: MARQUEZ, ANNIE  
Address: 2297 VANCE RD  
City-St-Zip: DELTONA, FL 32738

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY GONZALEZ

P

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date