


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000035091  
 1. Entity Name  
 JOHN F. SIMPSON, JR., INC.



Principal Place of Business      Mailing Address  
 4600 E. LAKE DR.                      4600 E. LAKE DR.  
 WINTER SPRINGS, FL 32708          WINTER SPRINGS, FL 32708



04112006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 59-3241471                          Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

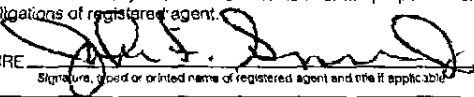
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6. Name and Address of Current Registered Agent

SIMPSON, JOHN F JR.  
 4600 E. LAKE DR.  
 WINTER SPRINGS, FL 32708

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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:       DATE: 4/17/2006

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SIMPSON, JOHN F JR.
STREET ADDRESS	4600 E. LAKE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D
NAME	SIMPSON, M. LOIS
STREET ADDRESS	4600 E. LAKE DR.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:       4/17/2006      407-341 0837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #