2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2006 8:00 am Secretary of State

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DOCUMENT # P99000035203 1. Entity Name RONNIE SIMMONS CONSTRUCTION, INC.						02-2000		<u>-1 19</u> 1	
Principal Place of Business Mailing Address				•	7				
1 '			7997 STATE ROAD 50			EDD1	0106		
			ER, FL 33597			000-			
112557211,11	2 3 3 3 3 7	172007211,12 000			1				
1									
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212006	Chg-P	CR2E	್ರ ಪ್ 034 (11/05).		
City & Shake		City P Chata	City & State		4. FEI Numb				oplied For
City & State		City & State	City & State		59-356		•		t Applicable
Zip Country		Zip	Zip Coun			**		\$8.75 Add	- ' '
<u> </u>		·		•	5. Certificate	of Status Desired	· 🗆	Fee Require	
	6. Name and Address of Currer	nt Registered Agent	•		7. Name and	Address of New	v Registered	Agent	
				Name					
SIMMONS, RONNIE				Street Address (P.O. Box Number is Not Acceptable)					
7997 STATE ROAD 50 WEBSTER, FL 33597				Street Address (P.O. Box Number is Not Acceptable)					
WEDGIE	(,1,2,000)					7			
				City			FI	Zip Coo	e
				1					
	e named entity submits this statement tions of registered agent.	for the purpose of changing	its register	red office or regist	tered agent, or bo	th, in the State of	Florida. I am	n familiar with,	and accept
into obliga						s 0.			
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable.	NOTE. Register	ed Agent signature requir	red when reinstating)	<u> </u>	DATE		
					•				
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fine Trust Fund Contribution					5.00 May Be ided to Fees				
10. OFFICERS AND DIRECTORS 11			11.		ADDITIONS	I /CHANGES TO O	FFICERS AN	D DIRECTOR	S IN 11
TITLE	P';;	☐ Detete	TITE	LE				☐ Change	☐ Addition
NAME	SIMMON, RONNIE	_ ******	NAX	AE .				•	
STREET ADDRESS.	7997 STATE RD 50 sī			EET ADDRESS					
CITY-ST-ZIP .	.WEBSTER, FL 33597			Y-ST-2IP					
TITLE		☐ Defete	TITL	LE				☐ Change	Addition
NAME			NAA	ME		;		_ •	
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TITLE		☐ Delete	TIT	LE				☐ Change	☐ Addition
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STREET ADDRESS				EET ADDRESS		•			
CITY-ST-ZIP			CIT	Y-ST-ZIP		<u>e</u>			
THILE		☐ Delete	TETE					☐ Change	Addition
NAME			NAA	l					
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NAME	1		, NAA						
STREET ADDRESS	1			EET ADDRESS					
CITY-ST-ZIP				Y-ST-ZIP					
(12 thereby:	certify that the information supplied w	ith this filing does not quali	v for the ex	emptions contain	ed in Chapter 11	Plorida Statutes	s. I further ce	dify that the i	nformation

Interest certify that the information supplied with this flind does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Daytime Phone #