

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000052710

FILED  
Jan 11, 2006  
Secretary of State

Entity Name: SIMPSON MECHANICAL, INC.

**Current Principal Place of Business:**

SIMPSON MECHANICAL, INC.  
12302 N NEBRASKA AVE.  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

SIMPSON MECHANICAL, INC.  
12302 N NEBRASKA AVE.  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number: 59-3589229      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMPSON, GARRY H  
10322 CARROLL COVE PLACE  
TAMPA, FL 33624      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: PTD ( ) Delete  
Name: SIMPSON, GARRY H  
Address: 10322 CARROLL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: SD ( ) Delete  
Name: SIMPSON, PAIGE F  
Address: 10322 CARROLL COVE PLACE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Delete  
Name: FISHER, FRED E  
Address: 1166 LINDENWOOD DR  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: PAIGE F SIMPSON

SD

01/11/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date