

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096973

Entity Name: M.A. SIMMONS, INC.

FILED
Jan 29, 2004
Secretary of State

Current Principal Place of Business:

5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS, FL 32708

Current Mailing Address:

5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS, FL 32708

New Principal Place of Business:

5275 RED BUG LAKE ROAD, SUITE 117
117
WINTER SPRINGS, FL 32708

New Mailing Address:

5275 RED BUG LAKE ROAD, SUITE 117
117
WINTER SPRINGS, FL 32708

FEI Number: 59-3605658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUBBARD, PATRICIA
5275 RED BUG LAKE ROAD, SUITE 117
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

HUBBARD, PATRICIA
5275 RED BUG LAKE ROAD, SUITE 117
117
WINTER SPRINGS, FL 32708 US

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: _____

01/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBBARD, PATRICIA L
Address: 5275 RED BUG LAKE ROAD, SUITE 117
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: HORDOSI, MARY JANE
Address: 5275 RED BUG LAKE ROAD, SUITE 117
City-St-Zip: WINTER SPRINGS, FL 32708

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: PATRICIA HUBBARD

PD

01/29/2004

Electronic Signature of Signing Officer or Director

Date