## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # V20640

1. Entity Name

BILL SIMPSON & ASSOCIATES, INC.

				CHARLES TO	1				
Principal Plac	e of Business	Mailing Address							
13500 SUTTON PARK DR SUITE 304 JACKSONVILLE FL 32224 US		13500 SUTTON PARK DR SUITE 304 JACKSONVILLE FL 32224 US							
2. Principal Place of Business - No P.G. Box #		3. Mailing Address				5   9   <b>0  9</b>    <b>2</b>    <b>44</b>    <b>5</b>      <b>4 2</b>    <b>44</b>	(( 6)94 <b>4</b> (8)) 9)4(	B  B	)( <b></b>
Suite, Apl. #. etc.		Suite, Apt. #, etc			1st MOORE CR2E034 (10/07)				
City & State		City & State			4. FEI Numb	Sumber 59-3112182 Applied For Not Applied			•
Zip Country		Zip Countr		try	5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name			,		
SIMPSON, WILLIAM A JR. 13500 SUTTON PARK DR SUITE 304			Street Address (P.O. Box Number is Not Acceptable)						
	KSONVILLE FL 32224								
				City			FL	Zip Code	9
the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing	its registere	ed office or regist	tered agent, or bo	oth, in the State of Florid	da. Lam fai	rillar with.	and accept
SIGNATURE	Signature, typed or preced learnerof registered arrier	and the Lambication (f)	OTE Backser	d Agar Leignaturn raqui	iren when semeblin (i)		DATE		
After	ILE NOW II! FEE IS \$150.00 May 1, 2008 Fee WIII Be S550.00 Payable to Florida Department o		<u></u>			9. Efection Campaig Trust Fund Contri			00 May Be d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND D	RECTORS	5 IN 11
TITLE	D Derete		TITLE	TLF			[	Change	Addition
NAME	SIMPSON, WILLIAM A. JR		MAM	F					
STREET ADDRESS				et address	U00000841976 03/11/08-80009-014 158.75				
CITY-ST-ZIP	JACKSONVILLE FL 32224		CITY	-ST-ZIP		U3/11/UB=8	ויידטטטטיינ	<u> 114 156</u>	j. (5
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NAME Expert and proving	SIMPSON, CAROL M.	20.4	NAM						
STREET ADDRESS CITY-ST-7IP	13500 SUTTON PARK DR SUITE : JACKSONVILLE FL 32224	104		FT ADDRESS					
	JACKSONVILLE FL 32224			-ST-7IP					
TOLE		☐ Delete	THE				Ĺ	Change	Addition
Name Street address			NAM	ET ADDRESS					-
CITY-ST-ZIP				-ST-ZIP				•	
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NAME			MAIN	ė.					
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TIT <sup>a</sup> .F		. Delete	TITLE				[	Change	☐ Addition
NAME CIRCULARDOCCO			NAMI	1					
STREET ADDRESS			2145	ET ADDRESS					1

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL SIMPSON

CITY-ST-ZIP

G OFFICER OR DIRECTOR

02-22-08

904-992-113

**FILED** 

Feb 27, 2008 08:00 AM Secretary of State