

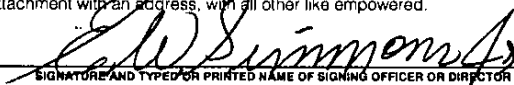


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # V29667 1. Entity Name E. W. SIMMONS GROVES, INC.			
Principal Place of Business 5108 SOUTH MUD LAKE RD. PLANT CITY, FL 33567		Mailing Address 5108 SOUTH MUD LAKE RD. PLANT CITY, FL 33567	
DO NOT WRITE IN THIS SPACE			
		 01122007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3162604	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIMMONS, E. W., JR. 5108 SOUTH MUD LAKE RD. PLANT CITY, FL 33567		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000644338 03/02/07-80039-011 150.00
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMMONS, E. W., JR. 5108 S. MUD LAKE RD. PLANT CITY, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HARWELL, JUDITH 5009 S MUD LAKE RD PLANT CITY, FL 33567		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>2.19.07</u> <small>Daytime Phone #</small>	