

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000015021

Entity Name: SIMPKINS' SUPERIOR SUPPORT SERVICES, INC.

Current Principal Place of Business:

1017 S.W. 8 STREET
SUITE B
HALLANDALE BEACH, FL 33008

Current Mailing Address:

P.O. BOX 567
HALLANDALE BEACH, FL 33008 US

FEI Number: 27-1950203

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIMPKINS, LASONJA T
1017 S.W. 8 STREET
UNIT B
HALLANDALE BEACH, FL 33009 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name SIMPKINS, LASONJA T
Address 1017 SW 8 STREET,UNIT B
City-State-Zip: HALLANDALE BEACH FL 33009

Title VP
Name SIMPKINS, LASONJA T
Address 1017 SW 8 STREET,UNIT B
City-State-Zip: HALLANDALE BEACH FL 33009

Title TRES
Name SIMPKINS, LASONJA T
Address 1017 SW 8 STREET,UNIT B
City-State-Zip: HALLANDALE BEACH FL 33009

Title DIRECTOR, OF OPERATIONS
Name SIMPKINS, LASONJA T
Address P.O. BOX 567
City-State-Zip: HALLANDALE BEACH FL 33008

I hereby 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 all other like empowered.

SIGNATURE: LASONJA SIMPKINS

OWNER/DIRECTOR

03/28/2015

Electronic Signature of Signing Officer/Director Detail

Date