

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000015021

**Entity Name:** SIMPKINS' SUPERIOR SUPPORT SERVICES, INC.

**Current Principal Place of Business:**

1017 SW 8 STREET  
UNIT B  
HALLANDALE BEACH, FL 33009

**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 SW 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

**DIRECTOR**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date