2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90003 033 ***150.00

DOCUMENT # 355597

1. Entity Name

R.W. SUMMERS RAILROAD CONTRACTOR, INC.

Principal Place of Business	Mailing Address
3693 EAST GANDY ROAD BARTOW FL 33830 US	3693 E GANDY RD BARTOW FL 33830 US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1278131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MERRITT, CHARLES D 3407 HIGHLAND ST BARTOW FL 33830	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MERRITT, CHARLES D		NAME		
STREET ADDRESS	3407 HIGHLAND ST		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 00000		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	STINSON, JEAN S.		NAME		
STREET ADDRESS	200 EL CAMINO DR. #312		STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		CITY-ST-ZIP		
TITLE	VTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MERRITT, LEIGH S		NAME		
STREET ADDRESS	3407 HIGHLAND ST		STREET ADDRESS		
CITY-ST-ZIP	BARTOW FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	DEWINKLER, JOANN S		NAME		
STREET ADDRESS	2205 PICCADILLY CIRCUS		STREET ADDRESS	4632 Turnberry Lane	
CITY-ST-ZIP	NAPLES FL 34112-3658		CITY-ST-ZIP	Lake Wales, Florida 33859-5715	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby 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 changed, or on an attachment with an address, with all other like empowered.

JEAN SUMMERS STINSON

SIGNATURE: Jean Summers Stinson VICE PRESIDENT 01/25/08 863-533-8107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #