


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 570204 1. Entity Name RAHAL SUMMER, INC.	
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Principal Place of Business 4204 LAFAYETTE STR MARIANNA, FL 32446-0700 US	Mailing Address P.O. BOX 700 MARIANNA, FL 32447 US
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0937240	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent RAHAL, QUEN 4204 LAFAYETTE STREET MARIANNA, FL 32446
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHAL, QUEN 4204 WEST LAFAYETTE STREET MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A RAHAL, ANN 4204 WEST LAFAYETTE ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JORGE 2678 CHOCTAW TRAIL MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICKY D 4532 RED OAK TRACE MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000699677 04/19/07-80052-013 150.00</p> DO NOT WRITE IN THIS SPACE
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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: *Ann Rahal* **4-7-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #