

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000002747

**Entity Name:** SUMMIT RESTORATION SERVICES INC.

**Current Principal Place of Business:**

50 ZAMORA ST  
ST.AUGUSTINE, FL 32084

**Current Mailing Address:**

50 ZAMORA ST  
ST.AUGUSTINE, FL 32084 US

**FEI Number:** 47-1158462

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, LYNN M  
50 ZAMORA ST  
ST.AUGUSTINE, FL 32084 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 MILLER, LYNN M  
Address 50 ZAMORA ST  
City-State-Zip: ST.AUGUSTINE FL 32084

*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:** LYNN M. MILLER

**PRES**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date