

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # 385224

1. Entity Name
THOMAS R. SUMMERSILL, INC.



Principal Place of Business
**FIRST STREET
BOX 138
GENEVA, FL 32732**

Mailing Address
**FIRST STREET
BOX 138
GENEVA, FL 32732**

DO NOT WRITE IN THIS SPACE



05042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1353105

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUMMERSILL, THOMAS R
FIRST STREET
GENEVA, FL 32732**

**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
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SUMMERSILL, THOMAS R
STREET ADDRESS	1ST ST
CITY-ST-ZIP	GENEVA, FL
TITLE	STD
NAME	SUMMERSILL, HAZEL M
STREET ADDRESS	1ST ST
CITY-ST-ZIP	GENEVA, FL
TITLE	VD
NAME	SUMMERSILL, THOMAS J
STREET ADDRESS	16355 E. GRAND NATT DR.
CITY-ST-ZIP	LOXAHATCHEE, FL
TITLE	D
NAME	SUMMERSILL, JEFF
STREET ADDRESS	15475 93 RD ST N
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/04/07-80003-016 150.00

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IN THIS SPACE**

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: *Thomas R. Summersill*

Thomas R. Summersill

6-1-07

407-349-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #