## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

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

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1. Entity Name

THOMAS R. SUMMERSILL, INC.



Principal Place of Business

FIRST STREET

BOX 138

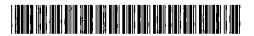
GENEVA, FL 32732

Mailing Address

FIRST STREET

BOX 138

GENEVA, FL 32732



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

|                                       | named entity submits this statement for the lions of registered agent.   | purpose of changing its re                | egistered office      | or registered agent, or bo       | oth, in the State of Florida. I am familiar with, and accept                                 |
|---------------------------------------|--|---|-----------------------|----------------------------------|--|
| SIGNATURE.                            | Signature, typed or printed name of registered agent and li-             | e if annicable (NOTE:                     | Registered Agent supp | ature required when reinstating) | DATE   |
|                                       | LE NOW!!! FEE IS \$150.00<br>ue by September 14, 2007                    | 9. Election Campaig<br>Trust Fund Contrib | n Financing _         | \$5.00 May Be                    | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10.                                   | OFFICERS AND DIR   | CTORS                                     |                       |                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD<br>SUMMERSILL,THOMAS R<br>1ST ST<br>GENEVA, FL<br>STD                 |   |                       |                                  | U00000765756<br>06/04/07-80003-016 150.00  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SUMMERSILL,HAZEL M<br>1ST ST<br>GENEVA, FL                               |   |                       |                                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD<br>SUMMERSILL, THOMAS J<br>16355 E. GRAND NATT DR.<br>LOXAHATCHEE, FL |   |                       | DO                               | NOT WRITE  |
| TITLE NAME STREET AODRESS CITY-ST-ZIP | D<br>SUMMERSILL, JEFF<br>15475 93 RD ST N<br>WEST PALM BEACH, FL 33412   |   |                       | IN '                             | THIS SPACE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |   |                       |                                  |  |

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MIN R. Summers Thomas R. Summers 11