## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 8:00 am Secretary of State

DOCUMENT # 385224  1. Entity Name THOMAS R. SUMMERSILL, INC.							04-09-2008	90030 0	17 ***15	0.00	
Principal Plac	e of Business	Mailing Address									
FIRST STREE	T	FIRST STREET				. ,					
BOX 138 GENEVA, FL	32732	BOX 138 GENEVA, FL 32732									
		OENCHATE OFFICE									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01292008	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Numbe 59-1353			-	plied For t Applicable	
Zip	Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered A	gent		
CHMMED	SILL THOMAS D			Name							
SUMMERSILL,THOMAS R FIRST STREET					Street Address (P.O. Box Number is Not Acceptable)						
GENEVA,	FL 32/32										
				City				FL	Zip Code	B	
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or	register	ed agent, or bot	h, in the State of Flo	rida. Iam f	amiliar with,	and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0			ncing		00 May Be ed to Fees					
10.	OFFICERS AND	<u> </u>	11.	. 1	175	ADDITIONS/	CHANGES TO OFFI	CERS AND			
TITLE NAME	PD SUMMERSILL THOMAS R	☐ Delete	TITLE NAM		VD		mb n		X Change	Addition	
STREET ADDRESS	1ST ST			ET ADDRESS	1st		Thomas R				
CITY-ST-ZIP	GENEVA, FL		CITY	-ST-ZIP		eva, FT.					
TITLE	STD	Delete	TITLE	:	· · · · · · · · · · · · · · · · · · ·				☐ Change	Addition	
NAME	SUMMERSILL, HAZEL M		NAM	_						.	
STREET ADDRESS CITY-ST-ZIP	1ST ST GENEVA, FL			ET ADDRESS - ST - ZIP		•					
TITLE	VD	☐ Delete	TITLE		PD				Change	Addition	
NAME	SUMMERSILL, THOMAS J		NAM		Sum	mersill,	Thomas J		onengo		
STREET ADDRESS	16355 E. GRAND NATT DR.			ET ADORESS			nd Natt Dr			,	
CITY-ST-ZIP	LOXAHATCHEE, FL	E0014	CITY	- ST- ZIP	Loxa	hatchee	, FL				
TITLE	D SUMMEROUS SEEE	☐ Delete	TITLE						☐ Change	☐ Addition	
NAME STREET ADDRESS	SUMMERSILL, JEFF 15475 93 RD ST N		NAM	E Et address							
CITY-ST-ZIP	WEST PALM BEACH, FL 33412			-ST-ZIP							
TITLE		☐ Delete	TITLE		-				☐ Change	Addition	
NAME			NAM	i							
STREET ADDRESS (				et address -st-zip							
TITLE		☐ Delete	TITLE					· -	☐ Change	Addition	
NAME			NAM	E							
STREET ADDRESS				ET ADDRESS						}	
CITY-ST-ZIP	and the state of t	ALI: Pl/- d (**)		-ST-ZIP							
<ol><li>12. I hereby o</li></ol>	certify that the information supplied with	this tiling does not qualify for	r the exe	emptions co	ontained	Lin Chapter 119	. Florida Statutes Ti	further certi	fy that the in	formation	

14. I hereby certify that the information supplied with this filing does not quality 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: Hand M. S	ummerall	Hazel M	Summersill	4-1- 08	407-349-5225
SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFF	ICER OR DIRECTOR		Date	Daytime Phone #