

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 570204

1. Entity Name
RAHAL SUMMER, INC.



Principal Place of Business
**4204 LAFAYETTE STR
MARIANNA, FL 32446-0700 US**

Mailing Address
**P.O. BOX 700
MARIANNA, FL 32447 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-0937240

Applied For
Not Applicable

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**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RAHAL, QUEN
STREET ADDRESS 4204 WEST LAFAYETTE STREET
CITY-ST-ZIP MARIANNA, FL

TITLE A
NAME RAHAL, ANN
STREET ADDRESS 4204 WEST LAFAYETTE ST
CITY-ST-ZIP MARIANNA, FL

TITLE VP
NAME GARCIA, JORGE
STREET ADDRESS 2678 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA, FL

TITLE AS
NAME FUNDERBURK, SUE
STREET ADDRESS 2998 RUSS ROAD
CITY-ST-ZIP MARIANNA, FL

TITLE V
NAME MILLER, RICKY D
STREET ADDRESS 4532 RED OAK TRACE
CITY-ST-ZIP MARIANNA, FL 32446

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000173788
01/07/05-80032-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Quen Rahal

1-5-05

Date

850-482-3051

Daytime Phone #