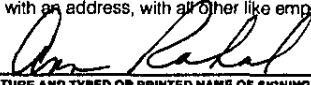


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 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	
DO NOT WRITE IN THIS SPACE		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHAL, QUEN 4204 WEST LAFAYETTE STREET MARIANNA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A RAHAL, ANN 4204 WEST LAFAYETTE ST MARIANNA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARCIA, JORGE 2678 CHOCTAW TRAIL MARIANNA, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MILLER, RICKY D 4532 RED OAK TRACE MARIANNA, FL 32446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-7-07 Daytime Phone # _____



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0937240	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U000000699677
04/19/07-80052-013 150.00

**DO NOT WRITE
IN THIS SPACE**